Ministero del lavoro e delle politiche sociali
Dipartimento delle politiche sociali e previdenziali
Direzione Generale per le tossicodipendenze

The State of the Drug Problem in Italy (2001)

Annual Report to the European Monitoring Centre for Drugs and Drug Addiction

TABLE OF CONTENTS

Summary

Main Trends and Developments

National Framework

There have been a number of developments in the national framework both during 2000 and into 2001. Regional elections in 2000 and the national election in 2001 resulted in new administrations coming into office. Whilst broadly supporting the balanced approach involving activities to reduce supply of and demand for drugs, there was a desire to promote a more balanced framework for demand reduction work. To this end, greater focus has been placed on prevention aimed at reducing the likelihood of any drug use and on a progressive treatment system in which the private/voluntary socio-rehabilitative services play a greater part. In particular, the role of the national health service managed drug treatment services (Ser.T.) is now expected to be much more focussed on co-ordinating treatment provision and residential treatment services are to be expanded and more extensively used.

The Third National Conference on the problems connected with the spread of drug use was held in Genoa in November 2000. In preparation for this conference a number of Regions held consultative conferences. Additionally, a substantial number of reports and research papers were presented. The working sessions of the Conference identified some specific areas for future development of services, including prevention, psychiatric co-morbidity, women drug users, re-insertion into employment and activity to reduce social exclusion.

At both the national and Regional levels, new projects and services were instigated with the resources made available from the National Drugs Fund. At the national level there was a stress on evaluation of interventions and programmes and on improving the quantity and quality of data available to inform national and Regional policy and practice.

The Ministry of Health prepared and published Guidelines on Harm Reduction and the Ministry of Education published guidelines on prevention projects. Both emphasised that monitoring and evaluation were essential components of any project.

At the Regional level, most Regions completed the consultation process and many introduced the necessary Regional legislation or directive to re-organise drug services in accordance with the regulation approved by the Permanent Conference for Relations between the State, the Regions and the Autonomous Provinces in January 1999. Some also made substantial progress in implementing the regulation approved by the Conference in August 1999 concerned with establishing the minimum standards required for different types of service.

Epidemiology

In terms of drug use in the general population, cannabis remains the most prevalent drug, However, the percentage of young people reporting having ever used cannabis to the ESPAD Italia survey fell between 1999 and 2000, as did the percentage reporting use of cocaine, LSD or amphetamine. By contrast, there was a marked increase in the percentage of young people reporting use of smoked heroin. In general, the survey suggested an increase in the use of alcohol and in episodes of drunkenness, a decline in cannabis use but an slight upward trend in the use of other illicit drugs. This pattern is largely confirmed by data from the Ministry of Defence. There have been reports of increased use of hallucinogenic mushrooms, but this is preliminary data and additional reports are required to determine whether this is a localised situation or a wider trend.

For problematic drug use, heroin by injection remains the most common primary drug. Data is now emerging from the VEdeTTE study to show that heroin use by smoking and sniffing is increasing and this is especially the case amongst new clients of the national health service managed drug treatment services (Ser.T.). The percentage of clients with primary cocaine use has continued to increase as has the percentage of clients with primary cannabis use. Data from services in contact with problematic drug users who are not yet in structured treatment suggests that heroin and cocaine remain the main drugs but that use of several different drugs, either in combination or at different times, is not uncommon. The national estimates of problematic drug use, primarily heroin use, suggest that there has been a continuing increase in prevalence with increases or no change in at least four out of six indicators occurring most often in the southern Italian Regions and decreases of no change in at least four out of six indicators occurring most often in the northern Italian Regions.

Treatment demand rose again in 2000. However, this was largely accounted for by an increase in the number of clients who were already in treatment with the Ser.T. The percentage of males in treatment increased in 2000 and the average age of the population in treatment also rose. There appears to be grounds for believing that a blockage is developing within the treatment system and this may lead to higher levels of untreated problematic drug use.

There was a slight increase in the number of drug related deaths, although the trend over recent years has been for a reduction in such deaths. The increase was largely accounted for by the 35 and over age group

where poor general health may have contributed to increased mortality. There was also a small increase in deaths amongst the male 15 - 19 age group although it is too early to draw any conclusions from this.
There was also a slight increase in the percentage of clients of the Ser.T. testing positive for HIV infection. This increase occurred in both existing and in new clients. As this is the first increase for several years, it is too early to suggest that the downward trend has been reversed. Infection with HBV continued to decline whilst infection with HCV remained at about the same level as for 1999. Within this broad national trend, four Regions showed a broadly upward trend in drug related infections and four Regions a downward trend, with most other Regions matching the national figures.
There was an increase in the number of people referred to the Prefect of Police for unlawful possession of cannabis and 84% of all referrals for unlawful possession concern cannabis. There was also an increase in referrals for possession of cocaine. Over a four year period, referrals for possession of heroin have halved whilst referrals for possession of amphetamine (including ecstasy) have been minimal.
This broad trend is reflected in arrests for drug law offences. For the second year in succession, arrests for drug law offences involving cannabis exceeded arrests for offences involving heroin.
The number of new, drug dependent admissions into prison fell in 2000, although there was also a very large reduction in the total number of new admissions into prison. As a percentage of all drug crime offenders, the percentage of non-Italian prisoners (drug and non-drug dependent) accused of or convicted for a drug law offence rose in 2000.
There were substantial increases in the number of cannabis plants and the number of ecstasy tablets seized and decreases in seizures of all other drugs. The increases in quantities seized were largely accounted for by a small number of very large seizures.

Drug Demand Reduction

The major development affecting drug demand reduction was the transfer of responsibility for the care of drug dependent prisoners to the Ministry of Health and thus to the local health authorities and the Ser.T. In 2000 this resulted in a further increase in the number of clients of the Ser.T. who were in prison.
The re-organisation of treatment services, referred to above, also has an impact upon service delivery, although the major changes did not start to come into effect until 2001.
The national prevention campaign ran throughout the second half of 2000. As well as using television, radio, the print media and the internet, the campaign toured major events using two minibuses and a stand and then toured discotheques around Italy when the summer holiday period ended. Local campaigns and activities were integrated with the national campaign. The results and the evaluations showed that the campaign had been effective, but also gave pointers for the development of future campaigns.
The Ministry of Education and the Ministry of Welfare both instigated prevention programmes to be tested at the local level, the former in the school and youth setting, the latter in the work place. Local surveys amongst young people to identify attitudes to and use of drugs have continued to provide the basis for the development of targeted local prevention initiatives.
The number of people in treatment with the Ser.T. has continued to increase but the proportion of female clients has declined as has the proportion of new clients. At the same time, the average number of clients of the socio-rehabilitative services has fallen. This implies that there is a blockage developing in the treatment system. Such an interpretation, which was first noted last year, seems more likely when the percentage of patients receiving a pharmacological intervention, especially long term methadone prescription, has continued to rise. The increase in clients receiving psycho-social interventions is largely accounted for by the increase in clients within prison where there is less immediate grounds for medium or long term pharmacological intervention.
Special services for women with children and for prostitutes have been in operation. A development which is likely to lead to new service provision is the increasing awareness of drug misuse amongst the immigrant population. A small number of services have been initiated recently and will offer a basis for future developments.

1. Developments in Drug Policy and Responses

1.1. Political framework in the drug field

During 2000 there have been a number of developments which have or will influence the development of drug policy at the national and regional levels.

At the national level a re-newed focus has been placed on prevention. The aim is to widen the targets for preventive actions and to engage a wider range of actors in prevention work and greater attention has been given to the role of the family and the school. The national policy has been developed to challenge ideas of drug use, especially of the new drugs, as a relatively harmless activity and the idea that drug use is a normal behaviour. At the level of treatment, the focus has been placed on interventions aimed at achieving abstinence. To this end, the role of the private socio-rehabilitative centres has been emphasised and it is intended that greater control should be exercised in the use of pharmacological treatments. It has been clearly signalled that a national objective is an increase in the number of drug free residential services. Of particular concern has been the number of drug dependent prisoners. Following the transfer of health care responsibility for prisoners to the Ministry of Health the aim is now to increase the number of educators and volunteers from rehabilitation services involved with this specific population of drug dependents and to simplify access to alternative measures in drug free residential settings.

Overall, national policy has recently emphasised the importance of an integrated network of services jointly working to a common goal and addressing all aspects of drug use, not just focused on the most problematic drugs. To this end Regions are expected to facilitate more effective co-ordination and clearer definitions of the roles and responsibilities of the different actors – health authorities, prefectures, local authorities, social co-operatives, voluntary organisations, schools and educational institutes.

The developments in national policy, with its greater focus on prevention of drug use and on ensuring progressive interventions aimed at moving drug users through different interventions towards abstinence, to a large extent reflects the changing trends at the regional level. It is also intended that additional powers should be devolved from the central administration to the Regions and their role, therefore, in the implementation of national strategy will become of even greater importance. Also at the Regional level, the gradual implementation of quality standards for prevention and treatment interventions is beginning to have an impact upon the delivery of services. This follows the Act of Understanding approved by the Permanent Conference for relations between the State, the Regions and the Autonomous Provinces which was reported on in detail in the last report to the EMCDDA.

1.2. Policy Implementation, legal framework and prosecution

There have been no significant changes in policy implementation, the legal framework or prosecution policy from the situation reported in previous years. It is expected, however, that as changes in national policy become more clearly defined this will result in some additional legislative changes.

At present, policy implementation has largely been concerned with developing the role of the Italian Drugs Observatory (OIDT) and seeking to improve the quantity and quality of data in order that policy might be evidence based.

In November 2000 the Third National Drugs Conference was held in Genoa. The conference must be held every three years and it is attended by around 2000 people drawn from all sectors concerned with combating drug use and drug related problems. Although the conference does not itself have any direct policy function, its deliberations and conclusions are used as a basis for guiding national policy.

The 2000 conference clearly reflected the increased divergence of views about the direction which drug policy should take. In the working sessions there was a largely technical atmosphere in which experience and research results were presented and discussed. The full text of all the sessions of the conference has now been published and this provides a valuable resource. A dedicated web site was also created for the conference on which many of the papers for the conference were published. As time limitations meant that the majority of presentations were abridged versions of the full paper, the web site was an important reference source.

1.3. Developments in public attitudes and debates

During the year there was increased debate about drug policy and responses to drug misuse. A number of television programmes concentrated on drug policy and reflected the divergent opinions and strongly held views on the topic. The two events around which debate was concentrated were

International Day against drug abuse and illicit trafficking (26 June) and the National Drugs Conference.
A strand of debate concerns harm reduction and whether the aim of interventions should be to prevent any drug use and achieve abstinence for those who do use drugs or to work so that individuals avoid irreparable harm arising from drug use until such time as they themselves are prepared to seek abstinence. As already noted, whilst there is no general consensus about drug policy and responses to drug misuse, from the emerging debate there appeared to be a difference of approach between the majority of professionals working in the drugs field on the one hand and the majority of the general public and politicians on the other. However, there appears to be an important difference in attitude between young people and the generation of their parents. The youth session at the Genoa conference showed a more liberal attitude towards drug use than that displayed by older groups.
Although the Genoa conference did provide a focus for debate on drug policy and a means of reflecting public attitudes, since then there has been relatively little public debate on drug policy.

1.4. Budgets and funding arrangements

There have been no further developments in the budget and funding arrangements for either drug supply or drug demand reduction from those which were described in the last report.
At the level of supply control this continues to be undertaken as part of the normal activities of the various law enforcement organisations - Guardia di Finanza, Arma dei Carabinieri, Polizia del Stato and Polizia Penitenzieria. It is financed through the annual budget for the relevant organisation and there is no separate financing for supply control.
At the level of drug demand reduction, the only difference from the situation described in the last report is that there is increased information on the projects which have been financed through the National Drugs Fund. It is not possible, however, to determine the type of projects being funded as they are listed by name of the project not activity or objective.

2. Prevalence, Patterns and Developments in Drug Use

2.1. Main developments and emerging trends

The main trends in 2000 were relatively limited and some changes are difficult to interpret because they have reversed what had been a long term pattern.

In terms of drug use, surveys suggest that use of alcohol, tobacco and cannabis remains common. There has been an increase in the percentage of young people reporting more frequent episodes of drunkenness. It is not clear whether this represents a move towards increasing use of socially acceptable intoxicants but with changing drinking patterns or a general move towards more frequent intoxication with a range of substances. There is no indication that the use of synthetic drugs has increased and some suggestion that it has declined. At the same time, use of cocaine and of heroin by smoking has shown an increase in general population use.

Estimates of problematic drug use, based on six different indicators, suggest that there is still a substantial number of heroin users outside the treatment system and that around 9% of the population in the 15 to 54 age range has tried heroin.

In terms of treatment demand, this has continued to increase. However, the proportion of existing to new patients has also increased suggesting that there may be a blockage in the availability of treatment for newer users. There is some evidence that there has been a reduction in heroin use and heroin injecting and that new users are increasingly likely to use heroin by sniffing or smoking.

In terms of morbidity and mortality, there was a slight increase in the number of direct drug related deaths, the majority of the increase occurring in the southern Regions. HIV infection rose slightly in 2000, mainly in clients already in treatment with the Ser.T. It is not clear whether this is a trend or an anomaly in the general downward trend in infection. The downward trend in HBV infection has remained and there is no change in the level of HCV infection. New clients of the Ser.T. are much less likely to test positive for drug related infectious diseases.

Drug availability remains relatively high, with seizures of cocaine continuing to exceed seizures of heroin. There was a reduction in the quantity of cannabis seized but an increase in the number of plants seized. There was also a substantial increase in the quantity of ecstasy seized. However, no data is available on the number of seizures and it is, therefore, difficult to ascertain what trends there might be in supply or availability.

The historic pattern of referrals to the Prefect for unlawful possession remained largely unchanged, as did the pattern of referrals to the Judicial Authority of drug law offences. The number of drug dependents in the prison system declined significantly. This may be a result of improved identification following the assumption of responsibility for the treatment of drug dependent prisoners by local health authorities. It is noticeable that the percentage of non-Italian prisoners, both drug dependent and non-drug dependent, has been rising steadily for several years. This has implications for prevention and treatment interventions. It also suggests that illicit supply systems are increasingly using highly vulnerable populations to act as couriers and low level deliverers of drugs. This trend and its implications will need to be monitored further.

2.2. Drug use in the population

No general population survey of drug use has been undertaken to date in Italy. Plans are proceeding, however, to carry out such a survey in line with guidance developed by the EMCDDA. Results are expected to be available in 2002. There are two main sources for data on drug use in the population, a school population study (ESPAD) and data on drug use amongst personnel of the armed forces. The latter is valuable because male conscription was still in operation in 2000.

ESPAD 2000

In 1995 and 1999 Italy participated in a Europe wide schools survey and data was produced reflecting the situation across the continent. For 2000, the schools survey was undertaken specifically for Italy and it will be repeated in 2001 and 2002, financed by the National Drugs Fund and supported by the Ministry of Education. As in previous years, the study followed the guidance for the ESPAD survey and was carried out by the Epidemiology Section of the Institute of Clinical Physiology of the National Research Council.

A representative national sample of schools, in terms of both type of institute and geographical distribution, was used for the survey with some 250 schools and 20,000 young people involved. The involvement and commitment of the Ministries of Education and Health, of many Regions, local drug treatment services and of Head teachers and teachers has allowed the survey to deal with a larger age range than that for the Europe-wide survey. In Italy young people between the ages of 15 and 19 have been surveyed as opposed to just sixteen year olds for the Europe-wide study. For the future it is planned to develop the survey in such a way as to provide more detailed Regional

analysis. For the present, however, it offers valuable information for the development of policy and interventions at the national level.

The results of the survey for 2000 show some slight variations on the results from the previous two surveys.

In terms of attitudes to drug use, there have been some variations between 1999 and 2000. These are, in general, slight increases in the percentage of young people perceiving risks in regular use of cannabis and in drinking 4 or 5 glasses of alcohol a day and a reduction in the percentage disapproving of being drunk once a week or of occasional tobacco smoking. There has been no change, however, in the percentage disapproving of regular tobacco smoking.

With regard to other drugs, there has been relatively little change in attitudes. The percentage of young people perceiving no risk in the use of, for instance, ecstasy, heroin, cocaine, crack of LSD has not changed between 1999 and 2000. On the other hand, the percentage of people who approve of experimentation with drugs (use once or twice), has increased slightly for some drugs. Specifically, approval of experimentation with cocaine, sedatives and tranquillisers, crack and heroin has increased in all cases by 1% over 1999 whilst approval of the use of ecstasy or of LSD has declined by 1% over the same period. It is not immediately clear what might have effected these changes. It is possible, however, that the national prevention campaign, which has been focused on the use of 'new' drugs, might have had an impact on attitudes to ecstasy and LSD whilst the lack of focus on other drugs might have left an information gap for young people.

At the level of drug use, Table 1 shows the percentage of people reporting lifetime use/behaviour with regard to a range of substances.

Percentage of people reporting use in their life of:

	1999	2000		*1999*	2000
Alcohol	*86.5*	89.4	LSD	*3.4*	2.7
Tobacco	*70.4*	67.9	Amphetamine	*3.1*	1.5
Been intoxicated	*52.7*	55	Ecstasy	*3.1*	3.1
Cannabis	*33.3*	30.9	Heroin (smoked)	*3.1*	4.2
Alcohol and cannabis	*32*	30.9	Hallucinogenic mushrooms	*1.6*	1.4
Sedatives and tranquillisers	*7.4*	7.5	Heroin other than by smoking	*0.8*	0.8
Inhalants	*6.4*	6.1	Anabolic steroids	*0.7*	1.1
Cocaine	*4.8*	4.2	Crack	*0.7*	0.9
Alcohol together with pills	*3.9*	2.5	Drugs by injection	*0.2*	0.3

Table 1 *Source: ESPAD Italian data*

Use of alcohol and intoxication has increased but combined use of substances appears to have declined. This change may also reflect an impact of the national prevention campaign which had a specific target of affecting combined use of alcohol with other drugs. There is some parallel between lifetime use and the attitudes reported in the survey, with a decrease in the percentage reporting use of LSD, amphetamines and tobacco, no changes in use of ecstasy and increases in the use of heroin by smoking and crack, although the latter is easily matched by a decrease in the use of cocaine. The smoking of heroin appears to be associated with attitudes about risk. Non-injecting use is perceived as no risk in terms of, for instance, HIV infection, and any risks involved are, therefore, considered to be reversible.

Table 2, dealing with the spread of substance use, confirms the trends already noted. There has been a constant upward trend in the consumption of alcohol and in episodes of drunkenness. There has also been a slow upward trend in use of an illicit drug at any time, although no great significance can be attached to this. At present, 1999 represents the peak year for most drug use and it will be important to note if this remains the case when the 2001 ESPAD Italia data becomes available.

The Spread of Drug Use: Comparative Analysis	ESPAD		
	1995 %	1999 %	2000 %
Consumption of alcohol in the last 12 months	76	79	82
Being drunk in the last 12 months	36	39	41
Smoked cigarettes - ever	66	70	68
Smoked cigarettes in the last 30 days	39	45	43
Used cannabis - ever	25	33	31
Used other illicit drugs - ever	8	9	10
Used tranquillisers / sedatives - ever	10	7	8
Used alcohol and pills - ever	5	4	3

Table 2 *Source: ESPAD Italian data*

The final data from the ESPAD is concerned with the age of first use. The use of alcohol, usually in the context of a family meal, peaks for wine and beer at 11 years or less. The peak for drinking spirits is older, at 14 and this shows a large percentage increase between 1999 and 2000. This is also the age when first use of tobacco peaks. Drunkenness increases with age and it is of some concern that this increases at the time when young people are beginning to drive, especially scooters and mopeds. For the illicit drugs, the age of first use in general appears to be rising. As might be expected, cannabis remains the most prevalent drug of use.

Age of First Use (Percent)	11 OR LESS		12		13		14		15		16 OR MORE	
	1999	2000	*1999*	2000	*1999*	2000	*1999*	2000	*1999*	2000	*1999*	2000
Drank beer	*18*	18	*14*	14	*16*	15	*17*	18	*10*	12	*8*	8
Drank wine	*23*	25	*11*	11	*12*	12	*12*	14	*8*	8	*7*	7
Drank spirits	*5*	5	*7*	6	*10*	10	*15*	19	*14*	15	*14*	14
Being drunk	*1*	1	*2*	2	*5*	6	*12*	13	*14*	14	*18*	19
Smoked first cigarette	*7*	6	*11*	10	*13*	13	*17*	18	*12*	12	*10*	10
Smoked cigarettes daily	*1*	0	*2*	2	*4*	4	*10*	8	*9*	10	*12*	12
Tried amphetamines	*0*	0	*0*	0	*0*	0	*1*	0	*1*	0	*2*	1
Tried sedatives or tranquillisers	*0*	0	*0*	0	*1*	1	*1*	1	*1*	1	*2*	1
Tried cannabis	*0*	0	*1*	0	*2*	2	*7*	6	*9*	9	*12*	10
Tried LSD or other hallucinogens	*0*	0	*0*	0	*0*	0	*1*	0	*1*	1	*2*	2
Tried crack	*0*	0	*0*	0	*0*	0	*0*	0	*0*	0	*0*	0
Tried cocaine	*0*	0	*0*	0	*0*	0	*0*	0	*1*	1	*3*	3
Tried ecstasy	*0*	0	*0*	0	*0*	0	*0*	0	*0*	1	*2*	2
Tried heroin	*0*	0	*0*	0	*0*	0	*0*	0	*0*	0	*1*	1
Tried alcohol with pills	*0*	0	*0*	0	*0*	0	*1*	0	*1*	1	*2*	1

Table 3 *Source: ESPAD Italian data*

Drug Use in the Armed Forces

Data on drug use within the armed forces is collected as a result of either disciplinary or medical interventions. It is not a systematic survey system and substantial variations occur between years in the number of interventions and the detail which is available. Nevertheless, the information gathered does provide a useful snapshot of drug use within the most at risk male population. Comparative data for a number of years is now available.

The general picture emerging in terms of drugs used is that there has been a small increase in the percentage using cannabis whilst there has, in general, been a decline in the percentage using all other drugs (Table 4). Although there has been an increase in the percentage reporting use of 'other opiates' and 'other drugs', this appears to reflect less detailed information on drug use being available in comparison to previous years. For instance, no data on opium and derivatives use or on alcohol use is provided although they were both detailed in 1999. Overall, the picture appears to be one of relative stability in terms of drug use with a trend over the last three years for a general decline in the percentage using the most problematic drugs and an increase in the percentage using cannabis. There is, therefore, some consistency with the ESPAD Italia survey.

Drugs most used within the armed services

Type of Drug	**1996**		**1998**		**1999**		**2000**	
	No. of People	**% of total**	**No. of People**	**% of total**	**No. of People**	**% of total**	**No. of People**	**% of total**
Heroin	100	5.3	198	6.9	133	5.3	84	4.7
Morphine			4	0.1	10	0.4	2	0.1
Opium and derivatives	12	0.6	69	2.4	30	1.2		
Methadone (licit)			12	0.4	8	0.3	8	0.5
Methadone (illicit)			1	0.0	2	0.1		
Other opiates			4	0.1	2	0.1	32	1.8
Alcohol	2	0.1	61	2.1	63	2.5		
Barbiturates			1	0.0	0	0.0	1	0.06
Hypnotic sedatives			7	0.2	2	0.1	1	0.06
Amphetamine	5	0.3	53	1.9	21	0.8	9	0.5
Ecstasy			36	1.3	28	1.1	43	2.1

Cocaine	13	0.7	205	7.2	220	8.8	117	6.6
Marijuana/Hashish	1,749	92.8	2,093	73.4	1,959	78.3	1423	79.9
Hashish oil			4	0.1	9	0.4		
Hallucinogens	1	0.05	20	0.7	12	0.5	8	0.5
Crack			1	0.0	1	0.0	0	
Inhalants	1	0.05	1	0.0	0	0.0	2	0.1
Other drugs			82	2.9	3	0.1	50	2.8
Total	***1,884***	***100***	***2,852***	***100***	***2,503***	***100***	***1780***	***100***

Table 4 *Source: Ministry of Defence*

In terms of frequency of use, the picture is less sanguine. There has been a continuing increase in the frequency of use (Table 5). The percentage reporting use several times a month, several times a week or daily all show increases. At the same time, the percentage where frequency of use is not known has fallen significantly and this may account for the increases in other areas.

Distribution of users by frequency of use

Frequency of use	***Number***			***%***		
	1998	***1999***	***2000***	***1998***	***1999***	***2000***
Several times a year	537	520	327	18.9	17.4	21.5
Several times a month	735	741	539	25.9	24.8	35.4
Several times a week	647	640	434	22.8	21.4	28.5
Daily	298	266	168	10.5	8.9	11
Not known	621	825	56	21.9	27.5	3.7
Total	***2,838***	***2,990***	***1524***	***100.0***	***100.0***	***100.0***

Table 5 *Source: Ministry of Defence*

Data on first use of drugs (Table 6) also shows a significant decrease in the percentage of cases where the information is not known. It would seem, however, that drug use most commonly occurs after enlistment within the armed services rather than prior to enlistment. This fits with data on the motive for drug use (Table 7) where curiosity and group pressure are easily the most common factors. Within the confined, masculine environment of the armed services it is not surprising that group pressure should be a significant factor in influencing behaviour.

Distribution of users by period of first use

Period	*Number*			*%*		
	1998	*1999*	*2000*	*1998*	*1999*	*2000*
Before enlistment	402	432	325	14.2	14.4	15.9
After enlistment	2,003	2,257	1633	70.6	75.5	80
Not known	433	301	83	15.3	10.1	4.1
Total	***2,838***	***2,990***	***2041***	***100.0***	***100.0***	***100.0***

Table 6 *Source: Ministry of Defence*

Distribution of users by motivation for use

Motive	*Number*			*%*		
	1998	*1999*	*2000*	*1998*	*1999*	*2000*
Group pressure	121	123	136	30.1	28.4	37.8
Psychological pressures	14	19	8	3.5	4.4	2.2
Curiosity	164	213	154	40.8	49.4	42.8
Meeting a dealer	5	2	1	1.2	0.5	0.3
Personal problems	66	55	40	16.4	12.7	11.1
Other	32	20	21	8.0	4.6	5.8
Not known	0	0	0	0.0	0.0	0.0
Total	***402***	***432***	***360***	***100.0***	***100.0***	***100.0***

Table 7 *Source: Ministry of Defence*

General conclusions

Based on the data from the ESPAD Italia survey, from the Ministry of Defence and from the limited data available from local surveys (Banon et al 2000; D'Egido and Da Fermo 2000b; Gerra and Giusti 2000; Nizzoli and Castellani 2000b), there appears to be a developing pattern. in which drug experimentation is continuing amongst young people but there appears to be a decrease in the use of 'new drugs'. This may reflect the national prevention campaign focus on these drugs whilst there has been a small but important increase in the use of potentially more problematic drugs. There appears to be an information gap for young people in terms of these drugs and there may be a need in future to balance prevention efforts to cover both new drugs and traditional drugs

2.3. Problem drug use

Since the establishment of the National Drugs Observatory (OIDT), considerable work has been undertaken to develop estimates of problem drug use for the country as a whole as well as for the local administrations. The 1999 report for the EMCDDA provided information at the national and Regional level. Data is now becoming available at the level of the Province and is beginning to be able to show trends based on 6 indicators – clients of the Ser.T. referrals to the Judicial Authority for drug offences, residents of private socio-rehabilitative centres, drug dependent prisoners, direct drug related deaths and drug related AIDS over the period 1997 - 2000.

The impact of drug misuse on the major structures involved in responding or providing interventions: quantitative data 1999 and 2000

	1999	2000
Public drug treatment services (Ser.T.) (annual prevalence)	151.000	158.000
Police services (people referred to the Judicial Authority) (annual prevalence)	34.000	34.000
Prefetture (referral under Art.75 D.P.R. 309/90) (annual prevalence)	46.000	42.000
Private social services (prevalence at 31 December)	21.000	19.000
Prison system (drug dependent prisoners) (prevalence at 31 December)	15.000	14.000

Table 8 *Source: Elaboration of data supplied to the central administrations of the State (figures rounded to the nearest 1,000).*

Table 8 shows the impact of drug misuse on the major organisations involved in dealing with drugs and drug problems and for whom data is available at the national level. It should be noted that the data does not necessarily correspond with data reported elsewhere as it has been adjusted on the basis of additional information and to allow for incomplete data from some sources.

Based on this data, treatment demand continues to rise, drug offending remains static whilst all other impacts have declined slightly.

The analysis of different indicators at the Regional/Province level shows interesting developments. Nationally, there has been a strong decline in the percentage of AIDS cases related to drug misuse, with an annual decrease of, on average, 21.7%. There have also been national reductions in drug related deaths (an average annual reduction of 5.1%) and in admissions to private socio-rehabilitative services (average annual reduction of 4.3%). Clients of the public drug treatment services (Ser.T.) is the only indicator which shows a clear increase throughout the country whilst there has been a small increase in referrals for drug offences. What is more noticeable is that whilst for all the northern Italian Regions, with the exception of Friuli Venezia Giulia, there has been a reduction in drug related deaths, for the central and southern Regions there has been an increase in drug related deaths. In general, the northern Regions of Italy show a neutral or downward trend for a majority of the 6 indicators whilst the central and southern Regions show a neutral or upward trend for these indicators. This itself may reflect a variety of factors including, for example, drug use patterns, trafficking patterns, service developments and policing policy.

Table 9 shows estimates of heroin use within Italy based on 5 different methodologies. These together give a very comprehensive estimate of the likely level of problematic heroin use within the country. From this data, it can be seen that the latest estimates of the level of problematic drug use in Italy, in so far as it involves heroin, has continued to increase. Whilst the upper estimate is still below that for 1996, the lower level is considerably higher. Moreover, as data has improved it is likely that the basis for the 2000 estimate is more solid than that for the 1996 estimate. The major limitation to this data is that it deals with heroin use and not with a wider range of drugs which might

form a broad pattern of problematic use. On the other hand, the data itself suggests that in 2000, for every 1,000 people between the ages of 15 and 54, 9 or 10 will have tried heroin at least once in their life.

Estimates of heroin use (Absolute values of estimates and range of the estimates).

Year	Extrapolation from Ministry of the Interior data	Extrapolation from treatment demand data	Capture-recapture method	Multivariate indicator method	Back calculation HIV/ AIDS multiplier method	Range between the estimates
1996	172,000	240,000–299,000	274,000	248,672	326,000	172,000–326,000
1999	281,273	276,746	297,711	302,829	n.a.	276,746-302,829
2000	n.a.	292,196	309,850	319,447	n.a.	292,196-319,447

Table 9 *Source: Ministry of Welfare, OIDT*

3. Health Consequences

3.1. Drug treatment demand

At the time of preparation of this report the full data relating to drug treatment demand was still not available. Provisional data covering some aspects of the work of around 90% of the public drug treatment services (Ser.T.) managed by the national health service was available but it is not clear how fully comparable the available data is with the data from previous years.

There was a further increase in the number of drug users in treatment with the Ser.T. Table 10 and Figure 1 show the trend over time whilst Figure 2 shows the percent of male and female clients in treatment

Drug Users in Treatment

	1991	*1992*	*1993*	*1994*	*1995*	*1996*	*1997*	*1998*	*1999*	*2000*
Male	77904	87715	88507	96016	104635	110791	118867	118798	122934	127303
Female	14949	16090	16235	17629	19193	19093	19351	18859	19717	19843

Table 10 *Source: Ministry of Health, Health Information System*

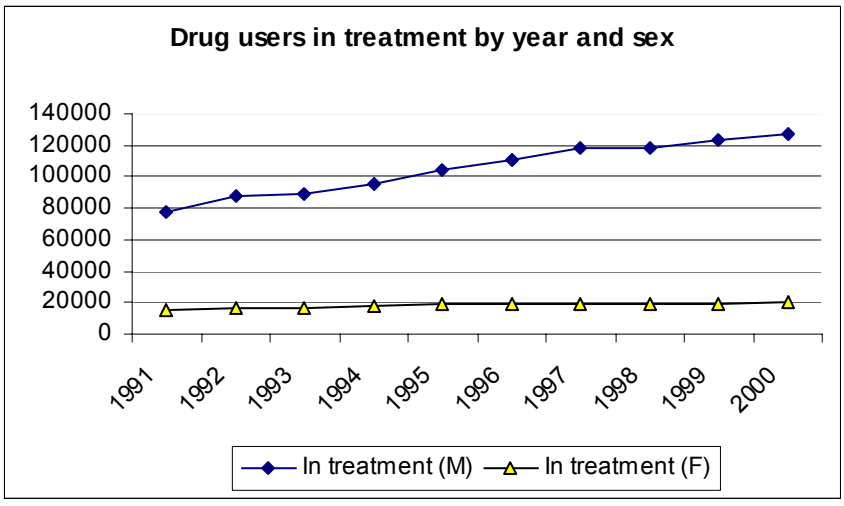


Fig. 1 *Source: Ministry of Health, Health Information System*

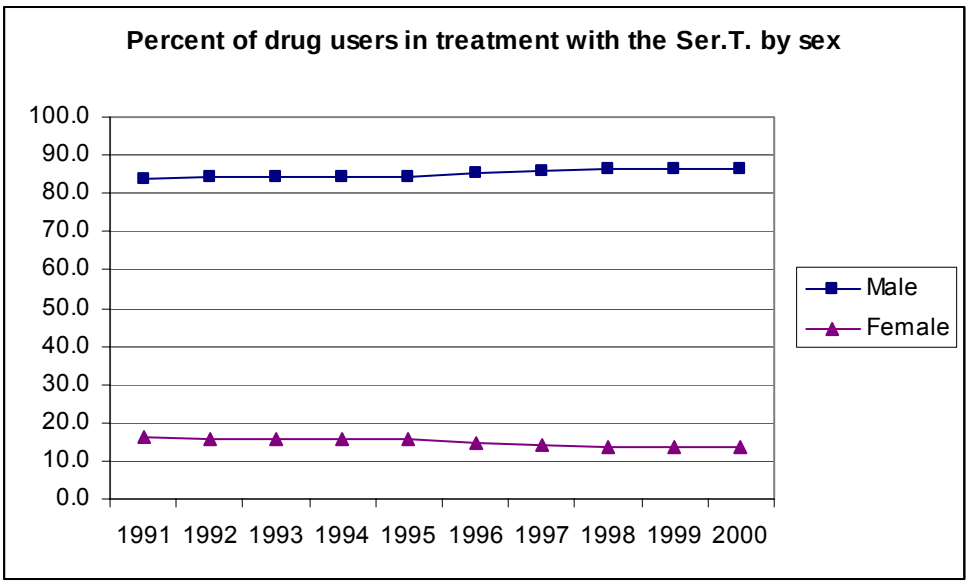


Fig. 2 *Source: Ministry of Health, Health Information System*

As can be seen from these figures, whilst the overall demand for treatment has continued to rise annually, the percentage of males in treatment has continued to increase. For all clients of the Ser.T. 86.5% of clients are male. For new clients of the Ser.T in 2000 this rises to 86.8%. This increase in the ratio of males to females in treatment with the Ser.T continues a long term pattern. In 1990 17.6% of clients were female compared to 13.5 in 2000.

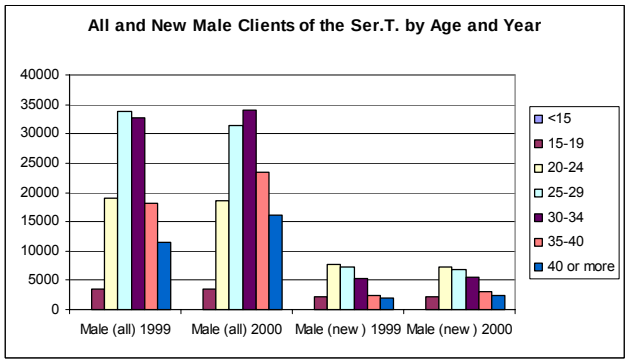


Fig. 3 *Source: Ministry of Health, Health Information System*

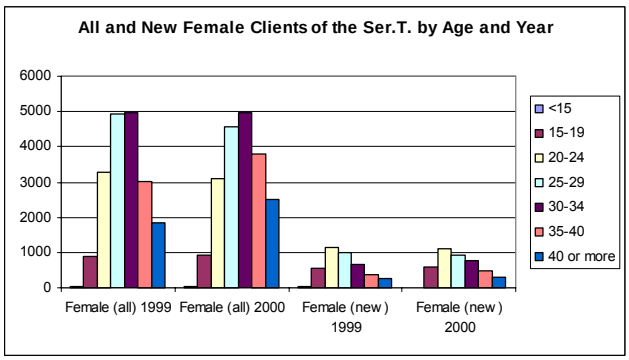


Fig. 4 *Source: Ministry of Health, Health Information System*

Figures 3 and 4 show the age distribution of all clients and of new clients of the Ser.T. by age group and sex. This clearly shows that for all clients of the Ser.T. there is an aging population. For new clients, whilst the peak age for both males and females is 20-24, for females new clients tend to be younger than new male clients.

Table 11 shows a second methodology for assessing treatment demand. The rate of treatment demand per 10,000 population by Region. In this table it is clear that the trend in treatment demand is still upward with a majority of Regions having a small increase, 4 Regions having the rate increase by between 5 and 10 per 10,000 and 2 Regions by more than 10 per 10,000 population. By contrast, only 4 Regions showed a reduction in the rate, although two showed reductions of between 5 and 10 per 10,000 population.

Annual rate per 10,000 population aged 15 – 54 of clients under treatment with the Ser.T. during 1999 and 2000

Region	1999	2000	Trend
Abruzzo	45,91	52,77	↑↑
Basilicata	27,49	33,02	↑↑
Calabria	41,32	43,03	↑
Campania	41,71	47,20	↑↑
Emilia Romagna	44,11	45,46	↑
Friuli V.G.	40,80	42,96	↑
Lazio	42,28	46,63	↑
Liguria	68,09	69,47	↑
Lombardia	45,06	43,73	↓
Marche	53,17	66,23	↑↑↑
Molise	32,60	43,54	↑↑↑
Piemonte	60,14	60,50	↔
Puglia	53,72	57,06	↑
Sardegna	54,76	53,14	↓
Sicilia	33,33	37,64	↑
Toscana	53,57	54,30	↑
Trentino A.A.	45,80	40,59	↓↓
Umbria	77,55	82,89	↑↑
Valle d'Aosta	55,42	49,03	↓↓
Veneto	46,71	46,31	↔
Italia	46,83	48,99	↑

Table 11 *Source: Elaboration of data from regional reports, the Ministry of Health and population data from ISTAT*

Looking at primary drug use, the patterns noted in earlier years have continued. Heroin remains the most common primary drug with 82.7% of all Ser.T. clients using it in 2000. However, the trend noted previously of a gradual decline in primary heroin use and a slow increase in cannabis and cocaine as primary drugs has continued. Figure 5 shows this trend.

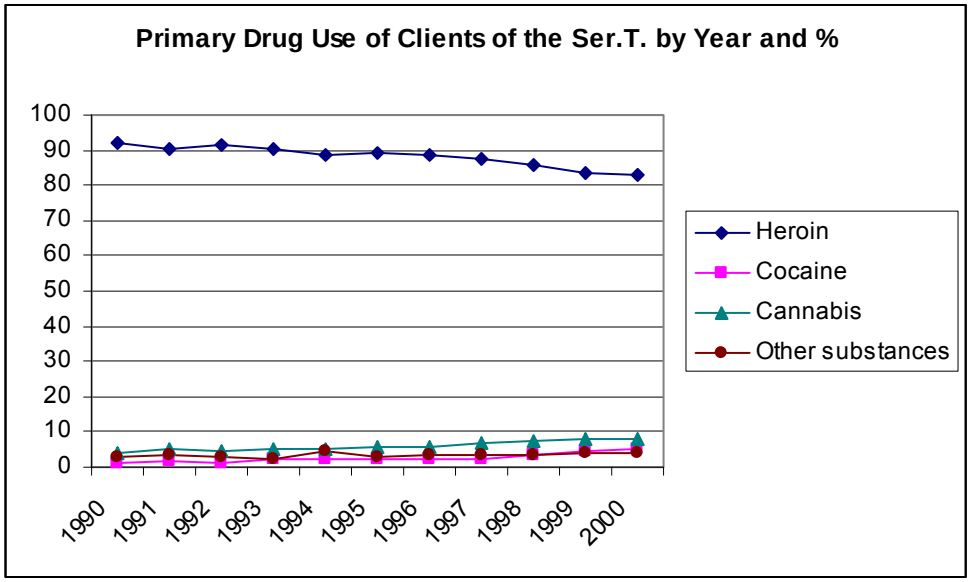


Fig. 5 *Source: Ministry of Health, Health Information System*

3.2. Drug-related mortality

Although progress is being made in the development of the drug related deaths indicator covering both direct and indirect drug related deaths and in its application within Italy, national data is only available on direct drug related deaths collected through the special register maintained by the Central Directorate for Anti-Drug Services of the Ministry of the Interior. The working group concerned with developing the indicator in Italy has continued operating and the alignment of the two national registries – the national deaths register maintained by the National Statistics Institute

(ISTAT) and the special register – appears possible in line with the general guidance for the implementation of the indicator.

The research being undertaken by the Forensic Toxicologists Group has also progressed. This involves forensic toxicologists from around Italy but does not provide a comprehensive coverage. Moreover, the data is limited in that forensic examination is dependent upon a request for such an examination being made by a magistrate. For a variety of reasons such a request might not be made and data may be missed.

Data from the general death registry has confirmed findings reported last year that the majority of drug related deaths occur amongst the 15 to 34 age range and that heroin is the main drug involved. It has also shown, however, that other drugs are increasingly involved in deaths of drug users, with cocaine being the most significant contributor. This seems to confirm the evidence from other indicators that cocaine use is increasing and the higher levels of use are directly reflected in the higher levels of harm.

Based on the data collected through the special registry, some 1,016 direct drug related deaths were recorded in 2000. This is an increase of 2% over the number of deaths recorded for 1999. Of these deaths, 979 were Italian nationals (897 male, 82 female) and 37 were non-Italian (34 male, 3 female). This increase has reversed the general downward trend in direct drug related deaths noted over recent years (Fig. 6). In terms of percentage, the percentage of all deaths accounted for by male drug dependents rose in 2000 and declined for females. This also reversed the trend of previous years where females accounted for a slowly increasing percentage of all such deaths (Fig. 7).

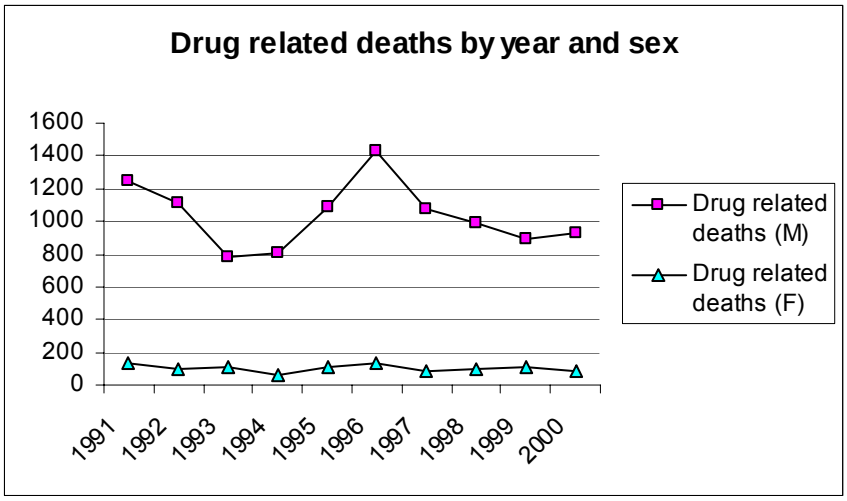


Fig. 6 *Source: Ministry of the Interior, Central Directorate for Anti-drug Services*

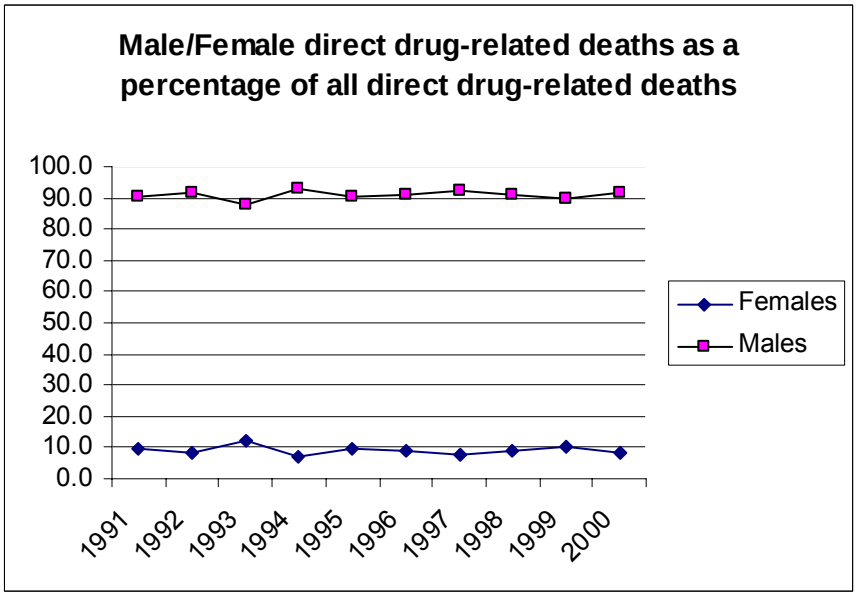


Fig. 7 *Source: Ministry of the Interior, Central Directorate for Anti-drug Services*

Reviewing deaths by age group, in terms of number of deaths there were increases amongst the 15 – 19, 35 – 39 and 40 or over age groups, little change for the 20 – 24 age groups and reductions for the 25 – 29 and 30 – 34 age groups (Fig. 8). This was also reflected in the percentage of deaths accounted for each age group (Fig. 9) although here the percentage of deaths accounted for by the 35 – 39 and the 40 or over age groups was more marked. The trend has remained, therefore, of deaths being increasingly amongst the older age groups, although there are grounds for concern in that the number and percentage of deaths amongst the 15 – 19 age group has continued to rise since 1998. The clearest explanation for these two trends would seem to be that the older age ranges are much more vulnerable to drug and drug related diseases and accidents. They may also be more vulnerable if they have resumed drug use after a period of voluntary or enforced abstinence (e.g. imprisonment, hospitalisation) at their previous level of use. For the younger population, a key factor in the rise in drug related deaths may be that greater experimentation combined with inexperience might result in accidental overdoses.

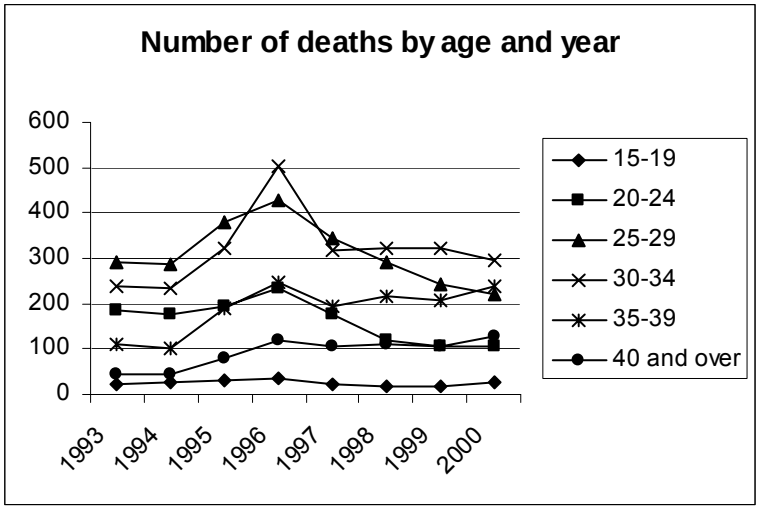


Fig. 8 *Source: Ministry of the Interior, Central Directorate for Anti-drug Services*

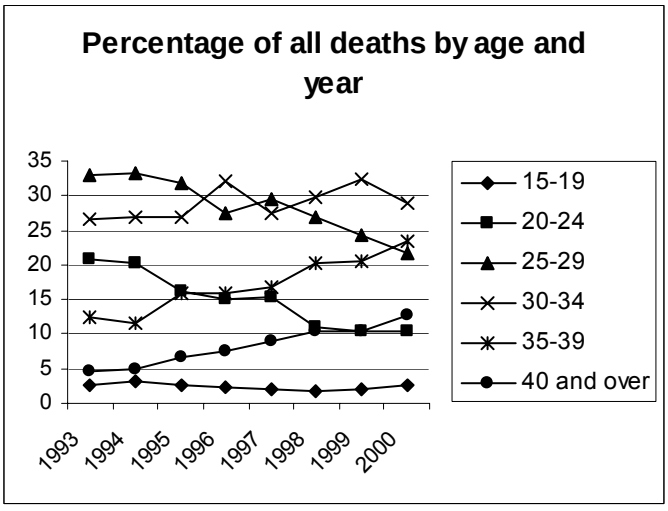


Fig. 9 *Source: Ministry of the Interior, Central Directorate for Anti-drug Services*

More detailed examination of deaths by sex and age group shows that the increase in direct drug related deaths is almost entirely accounted for by males (Figs. 10 and 11) In terms if the number of deaths, there were increases for all age groups except the 25 – 29 group. In terms of the percentage of male deaths accounted for by different age groups, the decline in the 25 – 29 age group is more marked and there is a slight decrease in the percentage coming from the 30 – 39 group. By contrast, there has been a continued upward trend in the percentage of direct drug related deaths accounted for by the 24 or under and the 40 or over age groups. Among females there has been a reduction in the number of direct drug related deaths across all the age groups (Fig. 12). In percentage terms, however (Fig. 13) there have been sharp increases in the percentage of deaths coming from the 24 or under and 35 – 39 age groups.

The increase in the percentage of deaths amongst the younger age groups may well be accounted for by relative inexperience. It is less easy to explain the difference between males and females for the older age groups.

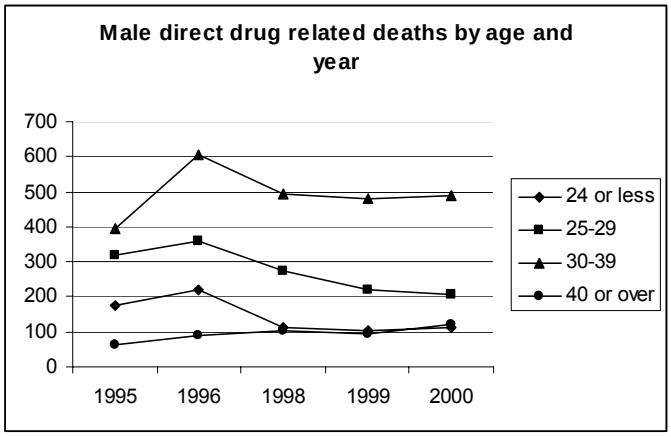


Fig. 10

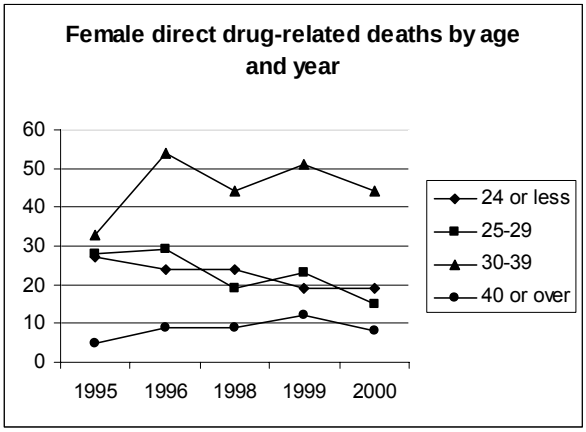


Fig. 12

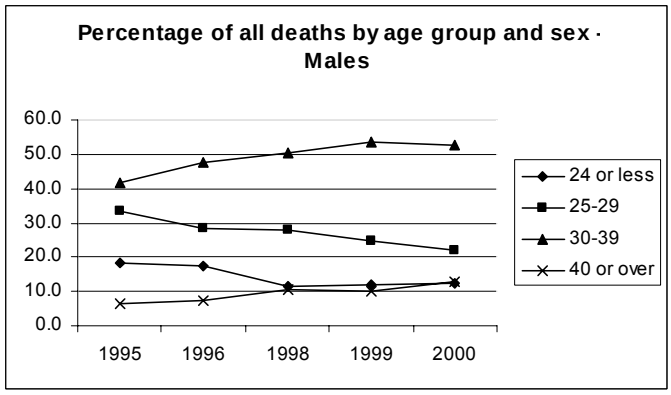


Fig. 11

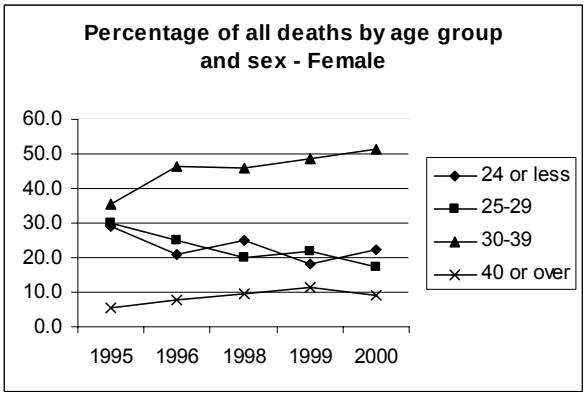


Fig. 13

Source for Figures 10 - 13: Ministry of the Interior, Central Directorate for Anti-Drug Services

The data developed from the work of the Forensic Toxicology Group involves just over 80% of all forensic toxicology centres but still does not provide national coverage. Moreover, as already noted, there is no systematic procedure for ensuring that toxicological analysis is undertaken.

From the data there appears to be an average of 60 drug related deaths per month, an increase over 1999 when the monthly average was 50 deaths, with a fluctuation either way of 10%. The exception is the month of May in which there were 77 drug related deaths. November was the month with the fewest recorded deaths. Further examination of the data over time is necessary to determine whether or not there is a particular pattern to the recorded drug related deaths. Around 90% of deaths were accounted for by males and 51.4% of all deaths came from the 31 – 40 age group, representing a 3% increase over the number of deaths accounted for by this age group in 1999 and 63.9% of all drug related deaths were in the over 30 age group.

In terms of the substances identified, in 42% of cases morphine was detected. These almost certainly were heroin related deaths. Morphine plus alcohol was found in 17% of cases, morphine with other drugs was found in 28% of cases and morphine plus alcohol plus other drugs was found in 13% of cases. Of particular interest was the increasing role of cocaine in drug related deaths. It was found in 72.9% of cases. Whilst heroin remains the single major cause of death (84.5% of cases), either alone or in combination with other substances, cocaine was the major cause of death in 9.2% of cases compared to 7.9% in 1999 and to 2.8% of cases in the 1991 – 1996 period. The findings appear to confirm other data which suggests that cocaine use is becoming more widespread and that increasing harm is arising from this increased use.

Davoli et al (2001) have reported on a longitudinal study conducted in Rome. Around 10,000 heroin users entering treatment were enrolled in the study between 1980 and 1995 and they were followed up from 31 May 1997. AIDS related deaths peaked in 1992 and 1993 with a higher mortality amongst women, which was most marked in the 1993 - 1997 period. Deaths other than from AIDS remained high and constant throughout the period. The likelihood of death amongst male heroin users was 15 times higher than that amongst the general population whilst it was 40 times higher for female heroin users.

3.3. Drug-related infectious diseases

The decline in HIV prevalence amongst drug dependents in treatment with the Ser.T. was halted and slightly reversed in 2000. In 1991 the national prevalence level was 28.8%. By 1999 this had declined to 15.2%. In 2000, however, the national prevalence rate rose to 15.8%. This increase was noted for both new clients and for clients already in treatment with the Ser.T. Given that this is the first year in which there has been an increase in national prevalence, it is difficult to offer any clear explanation for the change. A number of factors may be at work including, for example, less attention being paid to AIDS education because of the reduced prevalence or less focus on problematic drug users not in treatment whilst attention has been given to young people experimenting with drug use or using drugs in social/leisure settings.

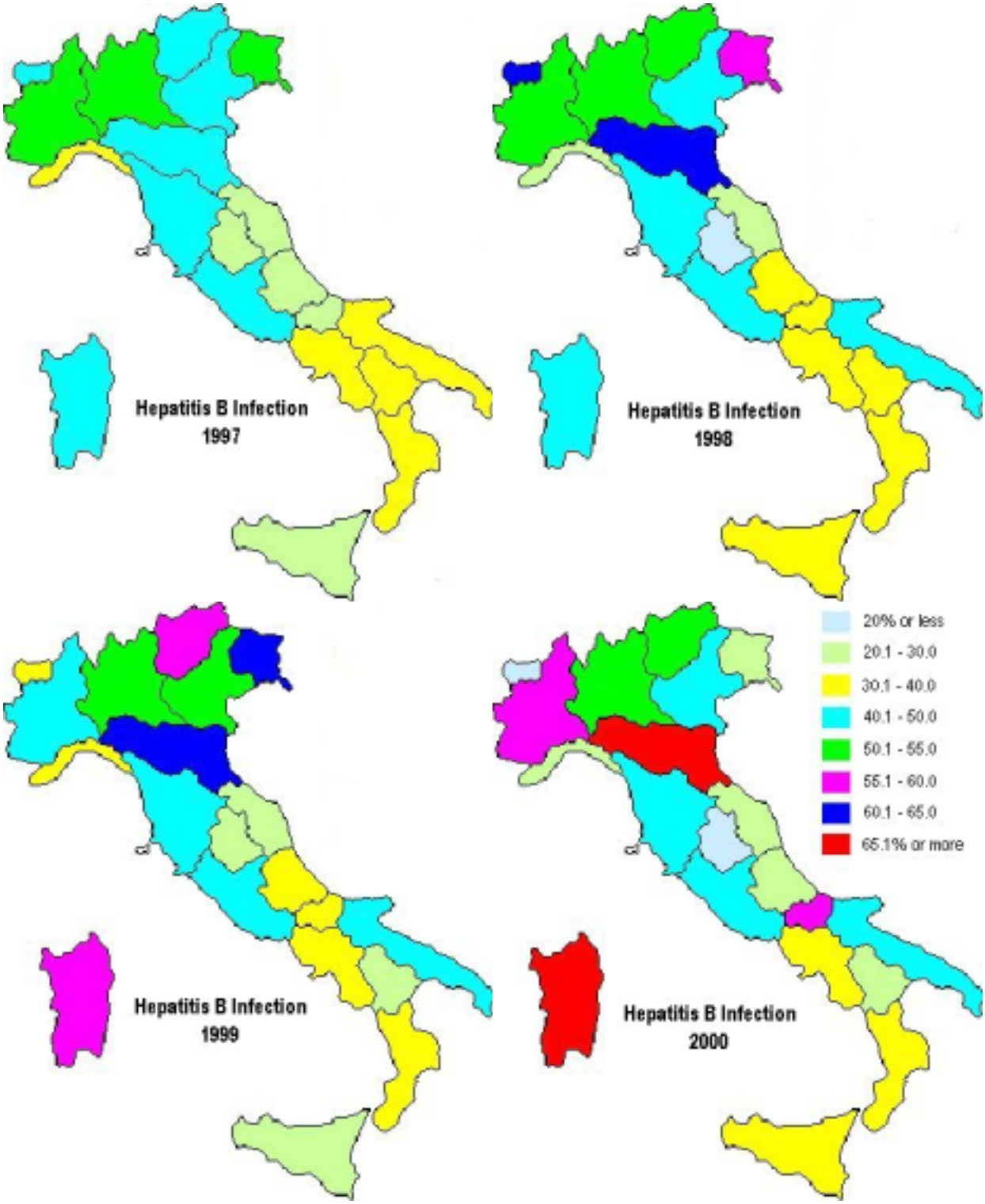
There are substantial Regional variations in the prevalence of HIV infection amongst drug users. In Emilia-Romagna (32.8%), Sardinia (29.7%), the Autonomous Province of Bolzano (28.6%) and Lombardy (27.8%) prevalence rates are significantly higher than the national rate. By contrast, the prevalence rates in Valle d'Aosta (3%), Umbria (4.6%), Molise (4.9%) and Campania (2.3%) are significantly below the national rates. It is not clear why there should be such substantial variations. For instance, Emilia-Romagna has a lower than national average rate of clients in treatment with the Ser.T. per 10,000 population yet has a much higher than average prevalence rate of HIV infection. On the other hand, Umbria has a much higher rate of clients in treatment with the Ser.T. per 10,000 population than the national average yet has a significantly lower than average prevalence rate of HIV infection. This would suggest that historic patterns of drug use and drug using behaviour may have a major impact on the likelihood of drug related HIV infection. It may also reflect the primary drug of use of clients of the Ser.T. If there are higher than average admissions of clients using drugs such as cannabis or cocaine other than by injection, this would also have an impact on the level of HIV infection found amongst clients.

The level of infection amongst new clients of the Ser.T. is, in general, substantially lower than that amongst existing clients. New male clients have the lowest prevalence rates whilst existing female clients have the highest levels of infection.

In terms of Hepatitis B and C infections, maps 1 – 8 show the Regional trend in positive test results over the last four years. The long term trend of a diminution in the prevalence of infection has continued in 2000. Since 1991, when the proportion of drug dependents infected with Hepatitis B was 50.9% there has been a steady reduction to the level of 44.3% in 2000. Much of the description of the pattern of HIV infection also applies to Hepatitis B infection. Existing clients of the Ser.T. have higher levels of infection than new clients, where the infection rate is between 15 and 20%. There are, however, substantial Regional variations. As for HIV infection, there is an upward trend in Emilia-Romagna and Sardinia, but there is no change in Lomardy. Umbria, Valle d'Aosta and Molise show a decline in infection rates whilst Campania shows no change. In general, those Regions with the lowest HIV prevalence rates also have the lowest proportion of drug dependents tasting positive for Hepatitis B infection.

Turning to Hepatitis C infection, data was first collected in 1997. The maps, therefore, show the trend in the proportion of drug dependents testing positive for infection for the full period in which data has been available. At the national level, there has been virtually no change in the percentage of clients of the Ser.T. testing positive for Hepatitis C infection. For male clients this has been around 67% with a low of 66.9% in 1999 and a high of 67.6% in 1998. In 2000, 67.4% of male clients of the Ser.T. tested positive for Hepatitis C infection. For female clients, after a rise in the percentage of clients testing positive from 67.4% in 1997 to 69.6% in 1999, there was a reduction in 2000 to 67%. Existing clients of the Ser.T. are much more likely to test positive for infection than new clients with the percentage of infected existing male clients being 25% higher than for new male clients whilst the percentage of infected existing female clients is 30% higher than for new female clients. There are also Regional variations in the percentage of clients infected. As with HIV and Hepatitis B, Emilia-Romagna, Sardinia, Lombardy and Trentino Alto-Adige have high levels if infection. Upward trends, however, can also be observed in Liguria, Piemonte, Lazio and Basilicata.

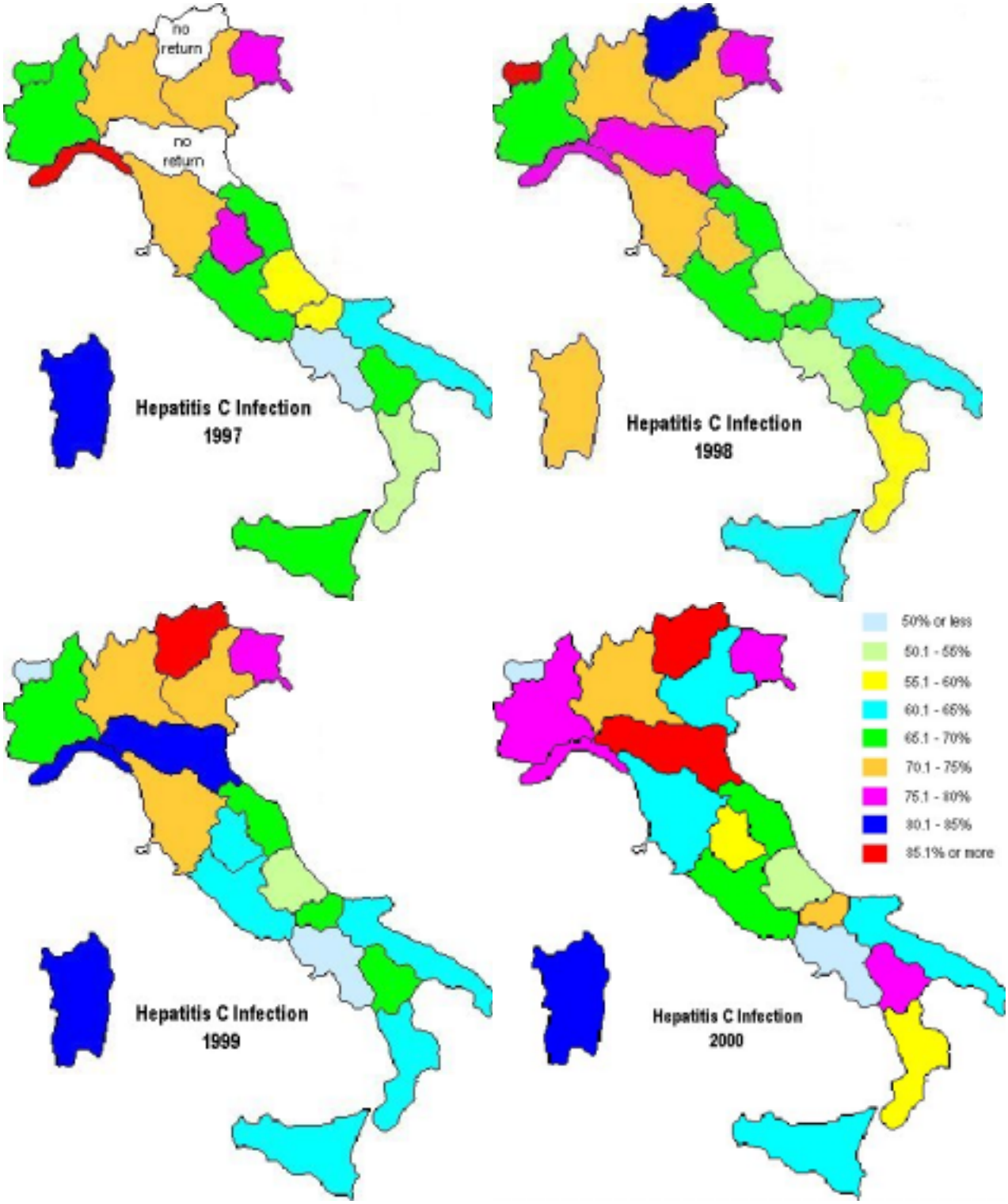
Percentage of Clients of the Ser.T testing positive for Hepatitis B infection by Year and Region



Maps 1 - 4

Source: Ministry of Health, Health Information System

Percentage of Clients of the Ser.T testing positive for Hepatitis C infection by Year and Region



Maps 5 - 8

Source: Ministry of Health, Health Information System

3.4. Other drug-related morbidity

There is limited data available on other drug-related morbidity. Descriptive material and some statistical data is becoming available on psychiatric co-morbidity and work is continuing to develop and improve this data.

The Italian data shows a prevalence of 30.1% of Axle 1 disturbance (clinical syndromes) and of 59.3% for Axle II (personality disorders). Research undertaken with clients in methadone treatment found that 53.8% had an Axle I disturbance and 43.5% has an Axle II disturbance. Research on Ser.T. clients carried out in Milan, Rome, Cagliari and Pavia found that over 70% of

clients had an Axle I or Axle II disturbance. Only 25% of clients were assessed as having a 'pure' drug problem.
Following the session concerned with double diagnosis held during the Third National Drugs Conference in Genoa, proposals have been made for both further research and for the development of treatment strategies. It is hoped that data arising from this work will be available for the next report.

4. Social and Legal Correlates and Consequences

4.1. Social problems

As previously reported, there is no systematic data collected on social problems related to the misuse or use of drugs. There are descriptive reports of interventions and some local data is collected. However, the main effort has been to draw people into treatment and then to overcome social exclusion by assisting those who have completed rehabilitation to enter into employment. These aspects are discussed under the relevant section of this report.

4.2. Drug offences and drug-related crime

Within Italy, offences relating to drugs may be categorised as either administrative or as criminal offences. Drug possession is an administrative offence and the individual may be warned not to use drugs or may be referred for advice, assistance and/or treatment.
Drug law offences are those which are broadly categorised as 'trafficking', such as the sale, supply, or production of drugs or assisting in these offences.
Referrals for drug possession (Fig. 14) are overwhelmingly concerned with the possession of cannabis, with over 80% of all referrals for possession concerned with cannabis. In 2000 the percentage of cannabis referrals rose from 80.3% in 1999 to 84.1%. By contrast, referrals for heroin

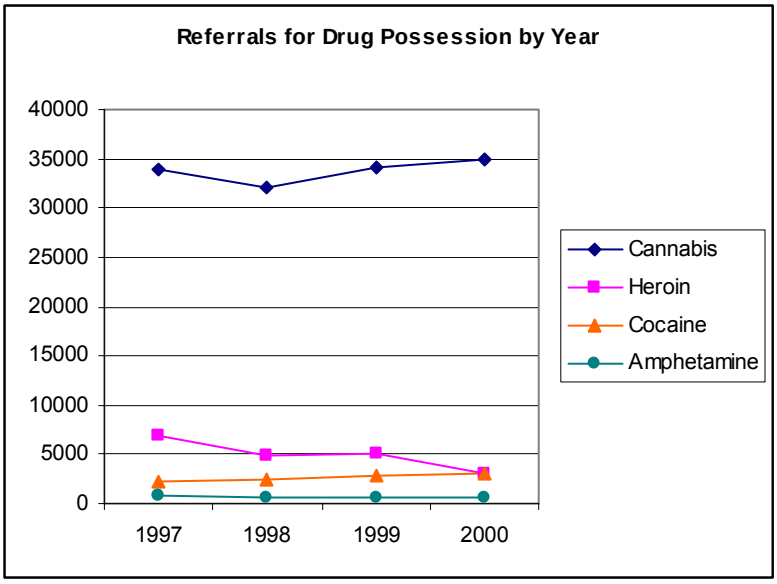


Fig. 14 *Source: Ministry of the Interior, Central Directorate for Documentation*

possession declined substantially and have halved between 1997 and 2000. This is surprising given that treatment demand and problematic use prevalence data do not suggest a commensurate decline in use. It may, however, reflect higher levels of admission into treatment and within treatment the increased use of medium and long term methadone prescription. It may also be that heroin users are more involved in low level trafficking or minor crime to support their drug use and therefore experience higher levels of arrest for non-drug and drug law offences. Referrals for cocaine possession have shown small annual increases every year for which data is available. This is line with data from other sources and confirms the view that cocaine is an important drug of misuse within Italy. In 2000 the level of referrals for possession of heroin and for possession of cocaine was almost the same for the first time (3,064 and 2,999 respectively). Referrals for possession of amphetamines, including ecstasy, have remained at virtually the same level for the last four years. Given the level of use reported by street services and projects concerned with the use of new drugs, this is a surprisingly low level of referrals. It suggests that whilst the national prevention campaign and many of the projects supported through the National Drug Fund have

been concerned with the use of new drugs, local police strategies have been concerned with targeting supply and have not followed practice in some other countries of using low level policing to inconvenience both local supply and local use.

In terms of arrests for drug law offences (Fig. 15), there is a slightly different pattern to that for drug possession, although even here, for the second year in succession arrests for offences involving cannabis have exceeded those for heroin. In fact, arrests for heroin related offences have fallen consistently in the same period when the number of people with drug related problems has been increasing. It is not clear why this should be so given that there must have been heroin supply to meet demand from new users. Arrests for cocaine related offences show a consistent upward pattern since 1995 and this matches the data from other sources suggesting that cocaine use has been rising. On the other hand, arrests for amphetamine related offences (including ecstasy) have remained at a very low level and seem to be concerned with a small number of individuals arrested in relation to a few very large seizures.

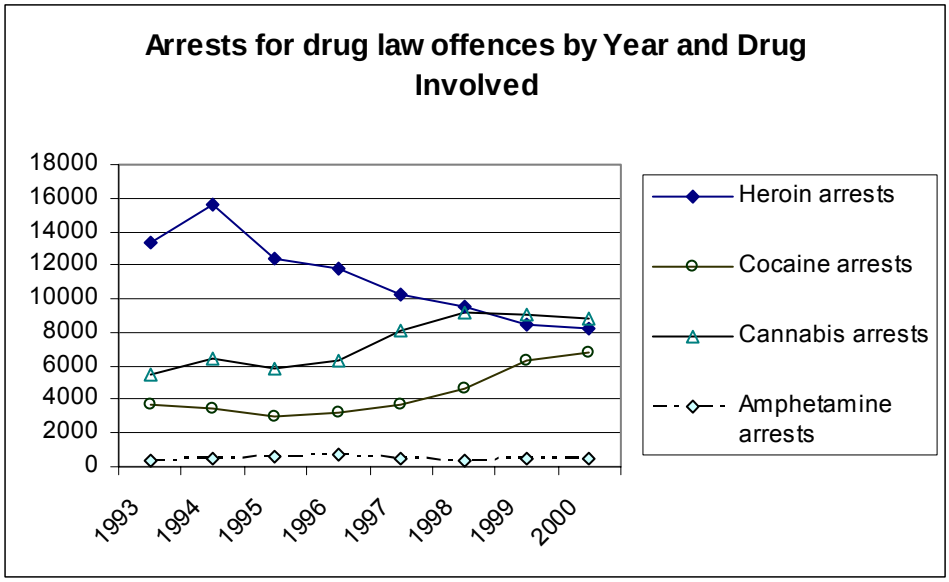


Fig 15 *Source: Ministry of the Interior, Central Directorate for Anti-Drug Services*

A second source of data about drug and drug related offences concerns admissions into prison. Figures 16 - 19 show data about new admissions to prison by nationality, drug dependent status and type of offence. In 2000, there was a very substantial fall in the overall number of new admissions into prison affecting both drug dependent and non-drug dependent offenders. There is no ready explanation for this very large decline and a number of factors may have been involved

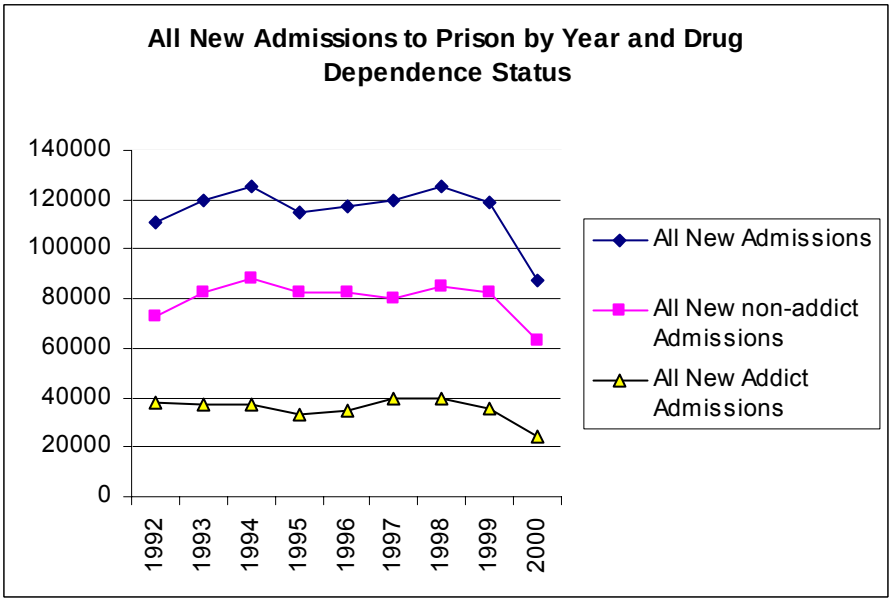


Fig. 16 *Source: Ministry of Justice*

ranging from a reduced number of arrests, a reduction in the use of prison to hold people awaiting trial, a reduction in the use of custodial sentences and an increase in the use of alternative to custody measures. Further detailed examination of a range of other data would be necessary to explain this remarkable change given that it affects all offenders/prisoners and not just drug dependent prisoners or those involved in drug law offences.

Looking more specifically at the trends in relation to Italian and non/Italian prisoners, it is clear that there has been a reduction in the number of people assessed as drug dependent who have been admitted into prison. This might have been influenced by the new role taken on by the local health authority in terms of prison health care. Before 2000, the determination of the dependence status of a prisoner was based on the statement of the prisoner, observation by prison staff and/or clinical symptoms. With the local health authority and the Ser.T now more actively involved in the provision of treatment and health care, it may be that more precise assessments of drug dependent status are being undertaken resulting in a decrease in the number of people assessed as drug dependent.

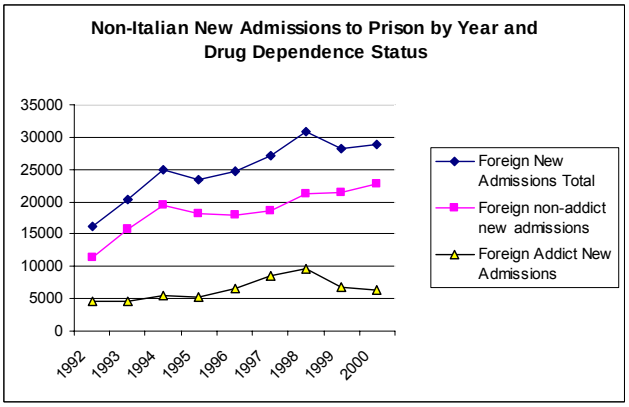


Fig. 17

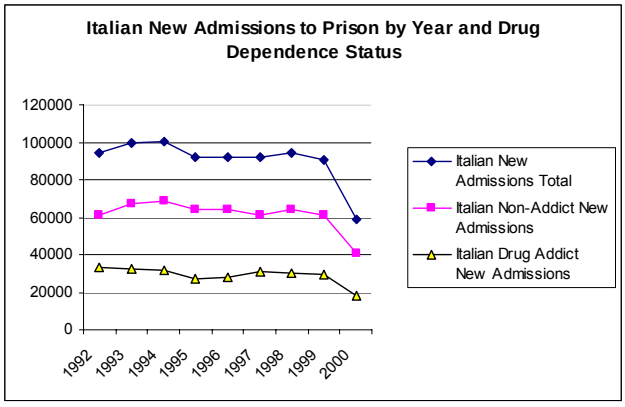


Fig. 18

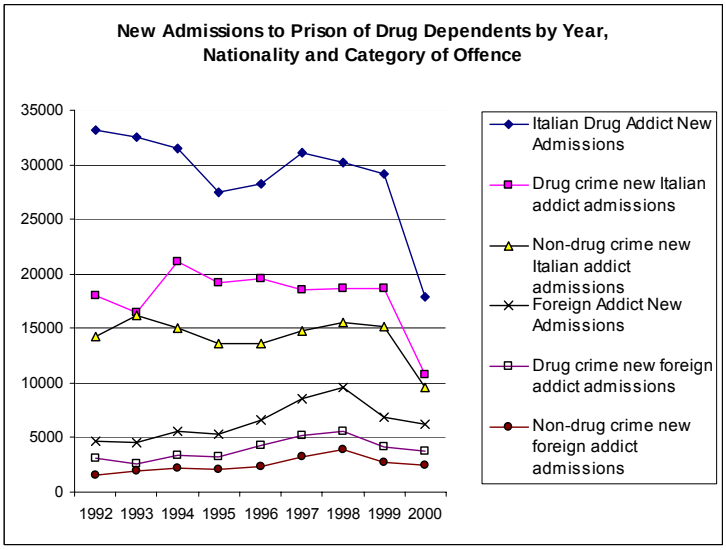


Fig. 19 *Source for Figs. 17 - 19: Ministry of Justice*

In 2000 there was a slight increase in the total number of new, non-Italian, prison admissions, maintaining the general upward trend in such admissions from 1992. This is accounted for, however, exclusively by new admissions of non-drug dependents. For the last two years new admissions of drug dependent non-Italians has declined. For new admissions of Italians into prison, there has been a sharp decrease for both drug dependent and non-drug dependent prisoners, although this has been greater for the non-dependent group.

Looking at data on the drug dependent status and the type of crime, Figures 20 and 21 show new admissions by status and type of offence. In all categories there has been a reduction in the number of new prisoners with the exception of both drug and non-drug crimes committed by non-dependent foreign offenders. Looking specifically at drug law offences by drug status foreign offenders, both drug dependent and non-dependent, represent an increasing proportion of offenders. In 1996 foreigners represented 22.3% of all new admissions into prison for drug law offences. By 2000, this had risen to 39.5% of all new prison admissions for drug law offences. This

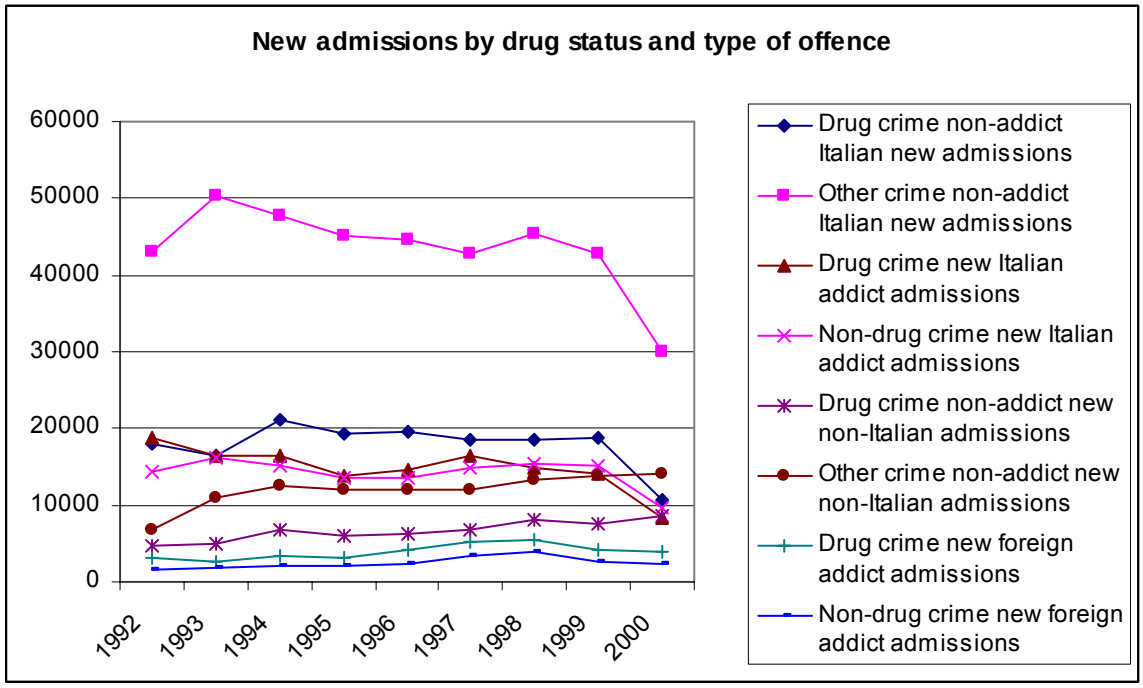


Fig. 20 *Source: Ministry of Justice*

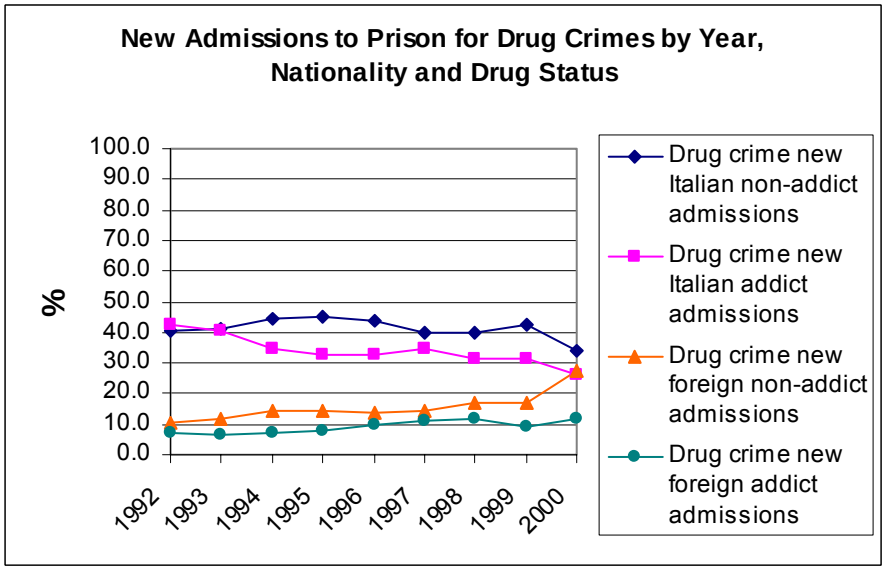


Fig. 21 *Source: Ministry of Justice*

change over time may reflect a number of changes. First, it may represent an increasing use of 'disposable' people as couriers. This is also reflected in the nationality of new referrals to the Judicial Authority for drug law offences (Fig. 22). Second, it may reflect an increase in the number of non-Italian drug dependents for whom there are limited treatment services available and for who offending may be the means whereby they pay for their drugs. Third, it may reflect a policing focus on major trafficking and drug importation, more often involving foreign nationals whereas trafficking within Italy is more likely to involve Italian nationals.

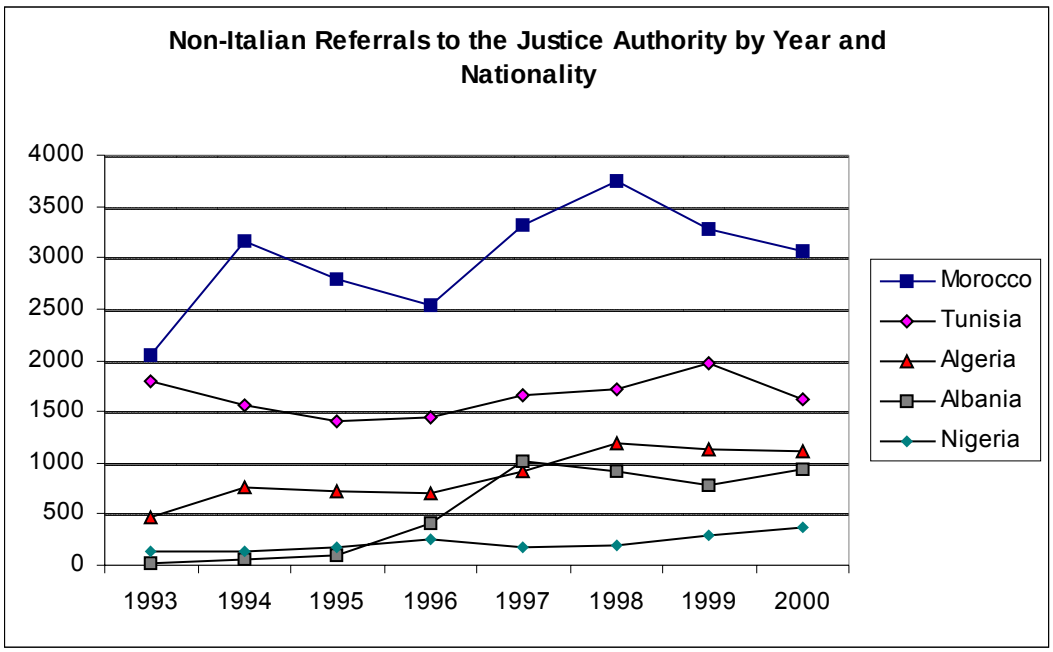


Fig. 22 *Source: Ministry of the Interior, Central Directorate for Anti-Drug Services*

4.3. Social and economic costs of drug consumption

There is no current data available from studies on the health or other costs of drug misuse nor is there any estimate of total consumption, demand for or expenditure on drugs.

5. Drug Markets

5.1. Availability and supply

As has already been noted, there appear to be some regional differences in availability and supply.

Cannabis is widely available throughout the country and is the drug which is most often seized and for which referrals to the Prefect for unlawful possession most commonly occur.

Heroin is also available throughout the country, although the focus of availability appears to be the major urban areas.

Cocaine is less available and is largely confined to the larger urban areas, although there is evidence that its use is increasing.

Amphetamine is relatively uncommon although ecstasy and its analogues are much more common. These substances are found most often in the northern and central regions and less often in the southern regions.

LSD and other drugs remain relatively rare although the number of people referred to the Judicial Authorities for drug law offences involving these drugs has risen slightly.

The observable trends from referral to the Prefect and seizure data appears to be for a continuing decline in heroin availability and supply, although other data, such as ESPAD and local reports suggest that there is still ready availability of heroin for smoking. Cannabis availability and use appears to show a continued increase throughout the country. Cocaine availability appears to be increasing and to be more widespread. Amphetamine, especially ecstasy and its analogues appear to be available in the northern and central regions but to be less available in the southern regions.

In terms of trafficking patterns, this also varies according to the drug involved. Heroin appears to arrive at the main sea ports and airports and then to be distributed through an internal network. The sources of supply appear to be primarily Turkey, the Balkan countries and their immediate neighbours.

Cocaine appears to be primarily brought into Italy through major airports and then to be distributed within the country. The major sources of supply are Latin American countries directly or via Spain.

In 2000, hashish was predominantly brought into the country from Morocco and Spain. For the first time, Albania was a source of cannabis leaves (hashish) as well as cannabis resin (marijuana). Sea routes appear still to be the major point of entry along with the major international airports, followed by re-distribution within the country.

The situation with marijuana is somewhat different. In 2000 the source of supply was almost exclusively via Albania and the main points of entry into Italy were Trieste and Puglia.
For cannabis plants, supply is almost exclusively through in country production. The Calabria Region and the Province of Reggio Calabria in particular, represents the prime source of all cannabis plants in Italy.
With regard to amphetamines (including ecstasy) and LSD, Holland is the main source of supply. The vast majority of seizures occur in the northern and central Regions although there have been significant seizures of both drugs in other parts of the country. This appears to reflect the internal demand and supply systems which are focused in the northern and central Regions, especially in those areas which have a developed youth culture in which drug use is one element.

5.2. Seizures

Unfortunately data is still not available on the number of drug seizures by drug or on the total number of drug seizures. Data is available on the number of anti-drug operations, but this is essentially a measure of activity and has limited epidemiological utility.
Overall the total quantity of drugs seized fell between 1999 and 2000 with the exception of ecstasy and cannabis plants (Fig. 23). Cannabis in its various forms remains the most commonly seized drug with a total of 46,810.2 kilograms and 1,306,469 plants seized. The number of anti-drug operations undertaken by the judicial police (State Police, Carbinieri, Financial Police, Border Police and Penitentiary Police) declined slightly in 2000 from 22,136 in 1999 to 21,914. This was the first reduction in such operations since 1996.

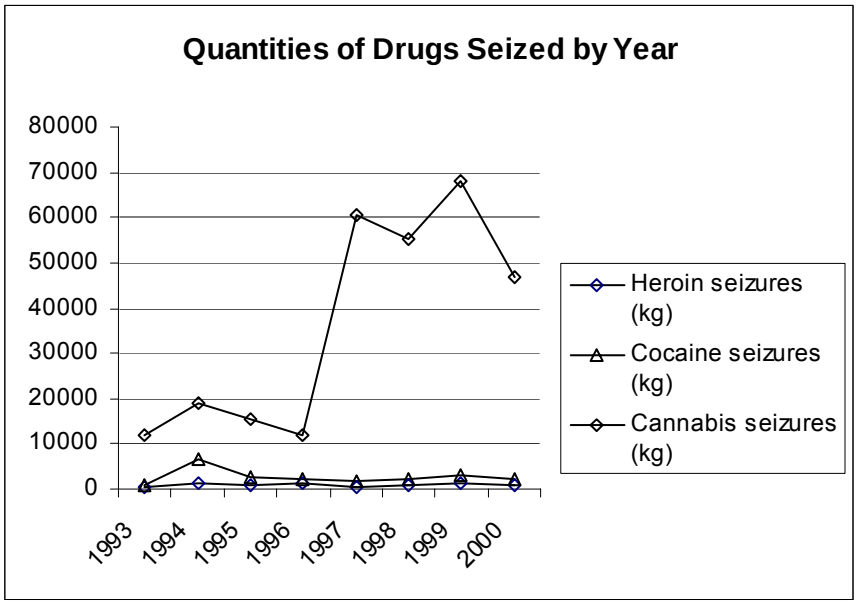


Fig. 23 *Source: Ministry of the Interior, Central Directorate for Anti-Drug Services*

Figures 24 – 29 show the quantities seized for specific drugs. The most significant reduction in seizures was for heroin where after large increases in 1998 and 1999 there was a drop of over 20% in 2000. The reason for this is not entirely clear and there are many possible explanations ranging from a reduction in the quantity of heroin being imported into Italy through to the development of new trafficking routes which have not yet been identified sufficiently to allow effective enforcement activities. The latter appears to be the most likely explanation because the quantity of heroin seized by the State and the Penitentiary Police has increased annually in each of the last three years whilst there have been significant annual variations in the quantity of heroin seized by the Carabinieri and the Financial Police. As these two components of the judicial police are most likely to be involved in major anti-trafficking operations, this suggests that changed trafficking routes have played a significant part in affecting the reduction in the quantity of heroin seized.

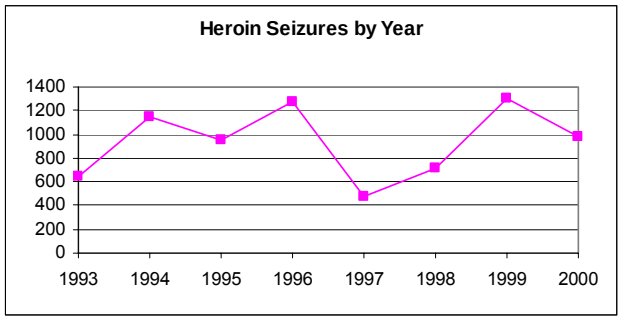


Fig. 24

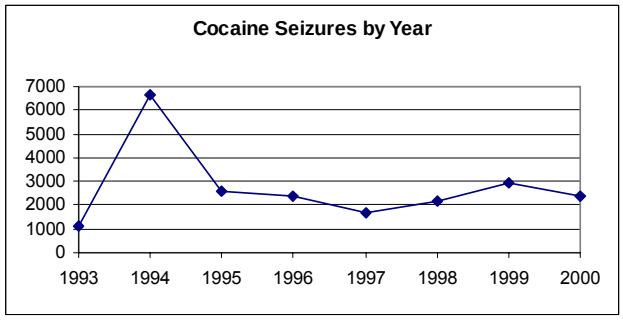


Fig. 25

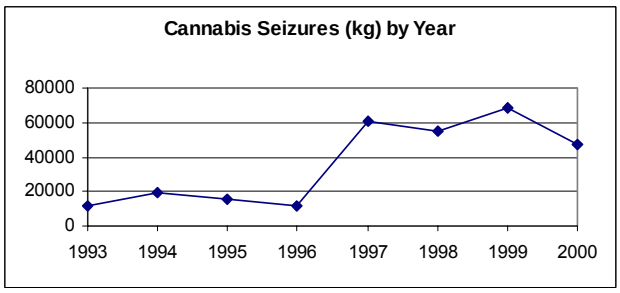


Fig. 26

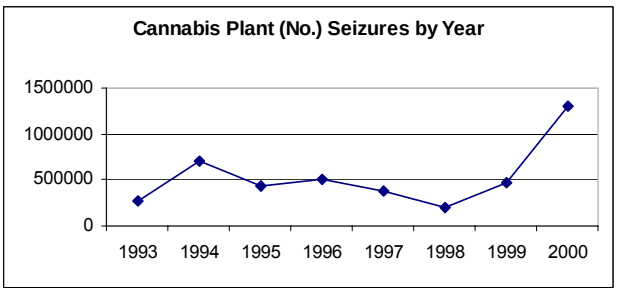


Fig. 27

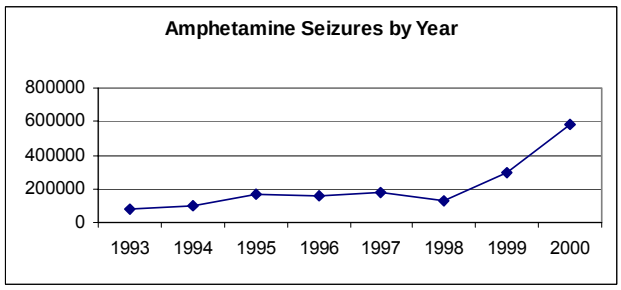


Fig. 28

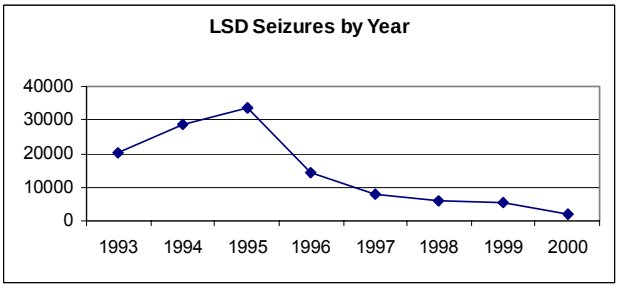


Fig. 29

Source for Figs. 24 - 29: Ministry of the Interior, Central Directorate for Anti-Drug Services

The quantity of cocaine seized has remained high and has normally been at least double the quantity of heroin seized. In 2000 the quantity seized fell slightly but the general pattern of the last 5 years has remained unchanged, with between 2 and 3,000 kilos of cocaine being seized annually. Although there has been this consistently high level of seizure, use of cocaine as a major drug has not been reflected in treatment demand data. Whilst other data, for instance on the prevalence of drug use and on drug related deaths, suggests that use of cocaine is increasing there is as yet no consistent pattern. The implications may be that cocaine as a secondary drug is important and that it is now beginning to be used as a primary drug with potential for new treatment demand arising.

Cannabis seized shows a decline for resin from 46,785 to 20,739 kilos but there was an increase in the quantity of leaves seized from 21,249 to 26,071 kilos and a very substantial increase in the quantity of plants seized. Given that these substantial quantities were largely accounted for by a small number of seizures, it is not clear whether they represent a changing pattern in use or merely successful police targeting. Certainly there is no evidence that availability has declined.

Data on amphetamine seized includes data on ecstasy. In fact, the majority of seizures are accounted for by ecstasy, with 501,986 tablets of ecstasy seized out of a total of 579,285 amphetamine and amphetamine like tablets seized. The increased quantity seized in 2000, which was substantial, was largely accounted for by one single seizure of 333,000 tablets in Trieste. It cannot at present be taken as indicating that demand for ecstasy in Italy is increasing and in fact, other data on the prevalence of drug use suggests that there has been a decline in the use of ecstasy. With regard to LSD, the quantity seized has continued to decline from the peak in 1995. There is little evidence that there is widespread use of LSD or hallucinogenics in Italy and the low level of seizures appears to reflect a low level of demand.

5.3. Price/purity

No data is available on price of purity of drugs.

6. Trends per Drug

6.1. Cannabis

Cannabis remains the most prevalent drug within Italy accounting for the vast majority of referrals for possession and drug seizures.

Data on prevalence of use within the general population confirms the dominance of cannabis as the most used drug. The ESPAD study, data from the Ministry of Defence and local reports and studies all support this view.

The data also shows that cannabis use is becoming more prevalent and suggests that there is an increase in drug related problems associated with the use of cannabis. However, the ESPAD study noted that lifetime use of cannabis amongst, pupils having risen from 19% in 1995 to 33% in 1999, declined to 30.9% in 2000. Ministry of Defence figures show a continuing increase, although the year on year information is not entirely comparable. Data on treatment demand shows cannabis increasing annually as a primary drug whilst declining as a secondary drug.

Given the level of seizures and the widespread availability of cannabis, it is not surprising that there is such widespread use. It appears to have become established in the general population.

6.2. Synthetic drugs (amphetamines, ecstasy, LSD, other/new synthetics)

LSD and amphetamines appear never to have gained great popularity and this is confirmed by a number of different indicators. Referrals for possession of either drug are comparatively rare, the quantity of either drug seized is extremely low and treatment demand arising from use of these drugs is negligible.

Ecstasy, on the other hand, appears to have a relatively high level of use among the younger population, especially in the northern and central Regions. The number of doses of ecstasy seized in 2000 was more than double that seized in 1999 and quadruple that seized in 1998. Reports from outreach services and from projects focused on the new drugs confirm widespread use, although referrals for possession of ecstasy remain low in comparison to the reported level of use and data from the ESPAD study for 2000 suggests a reduction in use of the new drugs.

There appears to be some geographical differences in relation to the use of ecstasy. This may be related to the more developed youth culture in the northern and central Regions, with many more youth oriented events and locations.

6.3. Heroin/opiates

In terms of problematic drug use, heroin remains the most prevalent drug. However, there are some signs that the rate of increase in use may be declining. Over the last six years there has been a slow but clear reduction in the percentage of people attending the Ser.T who report heroin as their primary drug whilst the percentage reporting heroin as a secondary drug has remained stable over the same period. Balanced against this, however, has to be the estimates of injecting heroin use which suggest that a substantial number of heroin users remain outside the treatment system.

The quantity of heroin seized in 2000 was lower than that seized in 1999 and continues a downward trend in seizures from the peak in 1991.

Referrals for possession of heroin having remained relatively stable for 1998 and 1999 and after falling considerably between 1997 and 1998, again declined in 2000. Direct drug related deaths, however, are predominantly associated with heroin use, either alone or in combination with other drugs or alcohol.

Overall, the picture remains unclear with regard to the trend for heroin. Some indicators suggest that use may be slowly declining whilst other indicators suggest that the trend is stable or may be slightly upwards.

There are indications from a number of sources (Drogatel, various Ser.T, etc) ,from the national data collected by the Ministry of Health and from the ESPAD 2000 survey which suggest that more young people are trying heroin, but are less likely to inject and more likely to smoke it. Whilst this may be an important trend in terms of drug related morbidity, it may also be a sign of a resurgence of heroin use.

Use of other opiates remains insignificant and no data suggests that there has been any change in recent years.

6.4. Cocaine/crack

Crack cocaine is extremely rare in Italy and none of the national data, nor published reports nor anecdotal reports suggests that crack has gained any following within Italy.

The situation with regard to cocaine is less clear. The number of referrals for possession has been increasing annually, as has the percentage of people citing cocaine as their primary drug when seeking treatment. Cocaine as a secondary drug has also been rising. However, the percentage of people in treatment with the Ser.T who use cocaine remains very low.

Both the ESPAD study and the data from the Ministry of Defence show cocaine to be an important drug of misuse. In 2000, the rise in use amongst the school age population was relatively small. There was a reduction in the absolute number of forces personnel using cocaine but there was little change in the percentage of personnel identified as cocaine users. Together, the data suggests that the general level of use is increasing although this has not yet been fully reflected in treatment demand.

The quantity of cocaine seized has fluctuated over the last five years, but has remained relatively stable at around 2,500 kilos per annum. Since 1993 the quantity of cocaine seized has always been substantially higher than the quantity of heroin seized. It is not clear whether this reflects more effective policing of cocaine or a higher demand for cocaine and consequent increased trafficking activity.

Other indirect indicators, such as calls to Drogatel, show a much higher percentage of calls related to cocaine than is reflected in the indicators mentioned above. It also appears to be more evenly spread geographically with cocaine use reported from all parts of the country.

Overall, the trend with regard to cocaine appears to be upward with increasing numbers using it. The available information seems to suggest two separate but related patterns. In areas where there is a developed drug culture, cocaine use is a small but significant part of that culture. In areas where cocaine is brought into the country, there appears to be local supply as well as distribution to other parts of the country. There is, therefore, a pattern of wider use in the metropolitan areas and pockets of use related to the trafficking and supply routes.

6.5. Multiple use (including alcohol, pharmaceutical products, solvents)

There is relatively little information available about multiple drug use at the national level. However, some data from different sources suggests that this is a developing issue.

The work of the Forensic Toxicologists Group shows that direct drug related deaths rarely involved a single drug. This data in itself suggests that multiple drug use is an important factor in drug related mortality.

Data from the Ministry of Health about secondary drug use amongst those attending the Ser.T also suggests that multiple drug use is not uncommon, especially of cannabis, cocaine, benzodiazepines and alcohol.

More localised published reports also indicate that a significant number of people contacted through outreach work use more than one drug (cf. Pavarin and Salsi 1999, Macchia and Giannotti 2000, Secchi et al 2000). It is not always clear from these reports whether other drugs are used simultaneously or as substitutes when the preferred drug is not available.

From the data available, limited as it is, there appears to be an upward trend in multiple drug use. This has been a matter of particular concern in terms of young users of synthetic drugs where the tendency to mix drugs, including alcohol, has been noted. It was in recognition of this fact that the 2000 National Drugs Campaign specifically targeted the issue of multiple drug use in its material.

7. Conclusions

7.1. Consistency between indicators

As has been noted previously, there is a limited relationship between indicators arising from different sources. However, there is a broad consistency between the indicators which suggest that they do represent general trends. For instance, the ESPAD data, the data from the Ministry of Defence and data from the national drugs help line, Drogatel, all show common trends in terms of the development of substance use, patterns of substance use and the drugs most frequently used. The data from the Ministry of Health on problem drug users attending the Ser.T for treatment is consistent with local data reported in published papers or in papers presented at regional and national conferences. It also confirms, given the time lapse between drug use and the first approach for treatment, a gradual move away from injection of drugs and a wider pattern of drug use with heroin use declining but use of other drugs increasing. The law enforcement data also seems to confirm these trends, with cocaine and ecstasy seizures being substantial and seizures of heroin declining. Cannabis seizures have consistently represented the largest quantity of listed drugs seized. The data on referrals for unlawful possession of listed drugs is

not, however, consistent with the other indicators. This may reflect the fact that possession of a listed drug is an administrative offence with low enforcement priority. Discovery of a listed drug may occur in the course of other policing operations and not be the focus of the policing operation. The work which has been undertaken by the Italian Observatory for Drugs and Drug Addiction (OIDT) has led to a progressive improvement in the data available and in the analysis of this data. Moreover, it has undertaken a programme of work with the relevant Ministries in order that more consistent and comparable data might be collected which is able to support both national drug policy needs and the needs of the individual Ministries.

7.2. Implications for policy and interventions

The improvement in data arising from the work of the OIDT provides valuable information for targeting both policy and interventions. It has already had an influence on policy in terms of increasing the use of residential treatment services, working with mothers and drug using parents and improved interventions with drug dependents in the criminal justice system. As further data becomes available, along with data on the effectiveness of treatment, this is also likely to provide a basis for developing policy, strategy and interventions.

7.3. Methodological limitations and data quality

The data received by the Ministry of Health is of good quality and generally provides a consistent and historically comparable picture of treatment demand, typology and staffing at the Ser.T. However, not all Ser.T submit reports when requested and the number of Ser.T in operation has also changed year by year. In consequence, in different years there can be different levels of reporting. Moreover, it is possible that in some years the absence of reports from some of the Ser.T will have little impact on the overall picture emerging from the data, whilst in other years such an absence could have a significant effect on the overall figures. Wherever possible this has been taken into account but it nevertheless represents a limitation to the data. For 2000 in particular, at the time of writing this report the annual review of activity in the public drug treatment services (Ser.T.), was not available. In consequence, data has not always been available in a comparable form to previous years and there has been a slightly lower than normal reporting rate from the Ser.T. It is not clear whether these limitations are significant or have an impact on the absolute numbers but not on trends.

Data from the Ministry of Defence provides a useful indicator of drug use within the younger male population. However, it is based on identified instances of drug use within the armed services and to a large extent on self-declarations. Information is not provided in a consistent format year on year and there are, therefore, substantial limitations attached to this data.

The data provided by the Ministry of the Interior is of good quality in respect to drug seizures and referrals to the Judicial Authorities for drug law offences. Data with regard to direct drug related deaths is of less certain quality, based as it is on a view of whether drug misuse was a direct cause of death and with toxicological analysis occurring in a minority of cases. Only very limited data is available arising from the census of socio-rehabilitative services. The quality of this data must also be questioned given that, for instance, the number of people listed as clients of ambulatory services in the census is substantially less than the number of clients listed in published reports.

The data from the Ministry of Justice, in so far as it deals with prisoners, is of good quality in terms of drug law offences but of more variable quality with respect to drug dependent prisoners. In the latter instance the assessment of drug dependence is a combination of clinical signs, of self-declaration and of staff assessment. There is no clear consistency between the data from the Ministry of Health on prisoners receiving treatment from the Ser.T. and data from the Ministry of Justice dealing with the same topic. Similar problems arise with information on offenders passing through the Juvenile Justice Service.

Reports from the Regions and Autonomous Provinces are variable and they do not follow common reporting methodologies. This makes comparative analysis difficult and provides limited capacity to analyse general and specific trends either nationally or geographically. The Co-ordination of the Regions has sought to develop a common reporting format for material to be included in the Annual Report to Parliament on the State of the Drug Problem in Italy in terms of the topics covered. However, the data included under each topic heading is a matter of decision for each Region. A number of projects are now underway seeking to develop improved and more consistent monitoring and reporting systems.

In light of the variability of data quality and the methodological limitations associated with the different data sets, the OIDT has placed a high priority on improving data quality. Work is

currently planned and in many instances has already been commissioned to pilot new reporting and monitoring systems and to improve methodological and data quality aspects.

A major methodological limitation has been the inability to cross refer between data sets produced by the different Ministries. The OIDT has been examining with key Ministries the possibility of developing a system based on data for an individual drug user rather than on aggregate data for different aspects of the drug problem. This work is still in the early stages but assuming privacy constraints can be overcome it would allow cross reference between data sets and analysis of elements of an individuals drug career.

8. Strategies in Demand Reduction at National Level

8.1. Major strategies and activities

During 2000 the strategies described in the last report to the EMCDDA remained in place, having only just been introduced following approval of Law 45/99 and the issuing of various decrees to implement the law. Additionally, the regulations approved by the Permanent Conference for Relations between the State, the Regions and the Autonomous Provinces in January and August 1999 were being implemented at the Regional level. These regulations were concerned with the re-organisation of the national health service managed public treatment services (Ser.T.) and the minimum standards for drug treatment services in both the public and private sectors. Not all Regions have yet produced local regulations.

Regional elections during 2000 brought new administrations in a large number of Regions. In many cases there was a desire to review the network of services and the focus of interventions. In particular, there was a wish to see more effort placed on prevention, less emphasis on pharmacological treatments and improved co-ordination in treatment provision to support progress through to abstinence.

At the national level, following the general election of 2001, the planned merger of the Ministry of Labour and Social Security and the Department of Social Affairs of the Presidency of the Council of Ministers occurred. It was originally intended that the merger would also include the Ministry of Health but it was finally decided that the Health Ministry should remain separate although its name was changed from 'Sanità' to 'Salute', emphasising a greater focus on public health in a wider sense, not just a medical sense.

Under the new Ministry of Labour and Social Policies (generally referred to as the Ministry of Welfare), two Departments were established. The Department for Social Policies and Social Security took on the responsibilities previously held by the Department of Social Affairs and the "Central Directorate for Prevention and for Recovery from Drug and Alcohol Dependence and for the Permanent Observatory for Drugs and Drug Dependence" was established.

Within the new framework, national policy on drugs and drug dependence was reviewed. The broad balance between drug demand reduction and supply reduction was confirmed. However, within drug demand reduction there was a changed focus. Specifically, there was concern that the balance of interventions had shifted too much towards pharmacological interventions and to care for the drug user until s/he was ready to change rather than on treatment directed towards rehabilitation and abstinence. The new balance emphasised the need for a greater focus on prevention of drug misuse with greater integration between the different actors - public and private services - operating in the field and a greater involvement of the family and schools in the delivery of prevention. At the national level, the Department aimed to challenge suggestions that the new drugs were relatively harmless and that drug use was a normal behaviour.. At the level of treatment interventions, the focus on heroin dependents had led to substantial reliance on pharmacological interventions and largely excluded other forms of drug use from treatment. There was, therefore, a need to re-focus on all drug misuse. To this end, the work of the private (voluntary) drug services needed to be more fully recognised and placed on an equal footing with the public services. There was also a need for greater control over the use of pharmacological treatments to create national criteria and technical protocols drawing on the scientific literature. Whilst strategies aimed at limiting harm to individuals were recognised as important, the purpose of interventions was to be recuperation and re-integration of chronic addicts. As part of this development, a number of specific targets have been identified. These include improved interventions with drug dependent prisoners, increased provision of residential treatment and rehabilitation services, promotion of re-insertion into employment and improved services for women with children.

8.2. Approaches and new developments

During 2000 there were no new or particularly innovative approaches. Rather, there was the development and gradual implementation of the new approaches promoted through the regulations approved in 1999 (see above), which were described in detail in the last report to the EMCDDA.

A development during the year was the publication by the Ministry of Health of guidelines for harm reduction (Ministero della Salute 2000). A working group drawn from relevant central and local administrations and from experts drawn from both public and private treatment services undertook this work. Two documents were produced during the year. The first was specifically focussed on projects financed through the National Drugs Fund. The second was directed to the local health authorities and the Regions.

The first document had three parts. The first contained a general description of the kind of information which a project should provide to be considered for funding along with some indication

of specific elements of demand reduction programmes. The second part contained methodological guidance relevant to specific types of intervention. The third contained guidance on the evaluation of the results and impact of the intervention. The second document was formally presented at the Third National Drugs Conference in Genoa with an introduction from the Minister of Health and the Minister for Social Solidarity. The fundamental basis of the guidelines is that the objective of drug treatment services should be protection of the health of the drug user in the widest sense with the aim of achieving, through specific and progressive objectives, complete rehabilitation. The document then proceeds to delineate the public health interventions required, from contact with those who are not yet prepared to enter into a rehabilitation programme through to the complete elimination of dependency in a full and interlinked strategy which protects both individual health but also takes account of community health. The document identifies specific targets such as reduction of morbidity and mortality from drug use, reduction or elimination of drug injection and general health improvements. It also identifies specific types of intervention including street services, low and intermediate threshold services, substitute and pharmacological therapies, counselling, activation of the clients' own resources, etc. The document also contains a chapter on evaluation and a review of the European situation with information on the experience of other countries and a very full bibliography.

At the socio-cultural level, greater emphasis was placed on the role of the family, church and voluntary organisations with the expectation that public services should act as enablers rather than the predominant providers of services.

It is difficult to assess if there has been any change or development in public opinion with regard to drugs. No specific public opinion polls on attitudes to drug misuse or to drug policy were conducted during the year. One presentation to the Third National Drugs Conference reviewed press coverage with regard to drugs (Rizotti 2000), but press coverage is not necessarily an indication of public opinion. The period covered by the review was from January 1999 to March 2000 and some 435 articles were examined based on the presence in the title of one or more of the selected key words. The articles in the daily papers were almost evenly divided between national and local papers whilst in journals, most (71%) were in national journals with the rest in local ones, usually as weekly supplements. The language of the articles was classified as either highly negative, military or aggressive or fear. Ecstasy was the drug most often referred to with only 2% focussed on heroin and 1% on cocaine. 70% of articles were classified as informative, 20% as opinion pieces and 10% as interviews. The review also noted that 83% of all articles appeared following a single drug related death, in the last two months of 1999.

Research findings on drug demand reduction are discussed within the general text of this section and are examined more thoroughly in the special topic section dedicated to research.

The most important event in 2000 was the Third National Conference on the Problems Connected with the Spread of Narcotic and Psychotropic Substances. The national conference must, by law, be held every three years and was previously held in Palermo and Naples. In 2000 it was held in Genoa.

The National Conference does not have a direct role in the development of drug policy but it does provide a major forum where policy, strategy and practice can be explored. Moreover, the reports from the working sessions of the Conference are important documents to assist the national administration and regional administrations develop policy and strategy.

Some 2,000 people attended the Conference, drawn from public and private services, central, regional and local administrations and from institutions concerned with education, research etc.

The sessions of the Conference consisted of:

- an opening plenary session addressed by the Ministers for Social Solidarity, of Health and of Justice, representatives of the Senate and Chamber of Deputies, the President of the Council of the Regions and the President of the Scientific Committee of the National Drugs Observatory
- a plenary session on regional policy addressed by representatives of regional and local administrations
- 11 working sessions, each concerned with a specific topic [1], in which there were invited papers, additional contributions and debate
- a special session with young people from around Italy
- a round table in which drug policy and strategy was explored by representatives of a range of services and organisations
- a closing plenary in which the report from the plenary and working sessions was presented

[1] The working sessions were: Prevention and the dynamics of social complexity; The phenomenon of abuse: new subjects for other objects; New needs and the network of services between Health Authorities, Local Authorities and private services; Social inclusion; Social insertion and insertion into employment; Ethics of treatment and prevention; Parental and female drug dependence; Psychiatric comorbidity; Administrative sanctions under article 75 of DPR 309/90; alcohol, licit drug misuse and young people; Evaluation of treatment and prevention.

The full proceedings of the conference have now been published and are available (in Italian) on the web site of the Focal Point (www.puntofocale.it).

9. Intervention Areas

9.1. Prevention

At the national level, responsibility for drug prevention is shared between the Ministry of Labour and Social Policies and the Ministry of Education. Implementation of prevention programmes is a local responsibility based on national guidance. The main development which has occurred since the last report has been the initiation of a large number of projects financed through the National Drugs Fund.

9.1.1. Infancy and Family

Activities and initiatives to promote effective interaction between the child and parents, parental attachment and effective parenting has been at the core of this area of activity. Local organisations, both the Ser.T and social enterprises, have been involved in this area and have undertaken a range of actions at the commune and the elementary school levels.

On the advice of the Ministry of Education, the focus in elementary schools has been on interpersonal relations, personal hygiene and education on the environment, food and the imagination. Particular attention has been paid to experiential programmes and the use of interactive modules.

For teachers, courses have been provided to help them deal with over-impulsive behaviour and aggressive behaviour and training support has been offered in the management of mental and behavioural problems in children.

The form of prevention which is being developed is rooted in helping the children to develop their identity, to stimulate their imagination and to build capacity and confidence in personal relations. Projects have been realised by local organisations and elementary schools looking at the first years of life and the period of pregnancy. A goal has been to promote parental attachment, promoting competencies and affective attitudes. This approach is based on the finding that strong mother-child integration, the ability to defer gratification, to accept frustrations and to avoid boredom all appear to be a protective factors to dependency.

The major development during the year has been the work of the Family Project (Progetto Famiglia). Through this the Ministry of Education has sought to involve the parents of pupils, offering them the opportunity to participate in systematic meetings and specific initiatives. The aims have been:

- to create a deep and long lasting relationship between school staff, social workers and parents aimed at studying and challenging the dependence phenomenon,
- to improve the competence and educational capacity of parents so that they are better able to handle problematic behaviour in children and young people,
- to support coordinated interventions, to improve relations between the family, schools, voluntary and private social organisations and local institutions with the aim of supporting children to develop autonomy and to reduce psycho-biological vulnerability
- to increase the perception of adolescents of the risks involved in using drugs

Some 2,309 courses, predominantly for the parents of pupils attending compulsory schooling have been held. An evaluation of the project is being undertaken but the results are not at present available.

9.1.2. School programmes

The Ministry of Education produced guidelines and criteria for prevention projects. Under these, schools had to formulate educational and didactic projects which were appropriate to the local needs and to the available resources. The elements which should make up a prevention project included:

- Assessment and analysis of the training needs of pupils, taking into account cultural and gender differences
- Clear objectives
- Identification of specific themes connected to health problems
- Identification of the professional resources to be used
- A clear working methodology
- A timetable for developing and undertaking the activity
- The modalities and instruments to be used to monitor and evaluate the project
- The budget for the project

Education Directors began the process of receiving, evaluating and financing projects which were concerned with drug prevention and health promotion. Planning of didactic activities began in September 2000 for implementation in the following scholastic year.

At the national level, a number of projects were financed through the National Drugs Fund. *Progetto studentesse e studenti* is aimed at promoting health and preventing adolescent problems. A very wide range of projects have been financed through this project. During 2000, the local education authorities have financed and activated some 3,306 projects. The overall national project will end in the 2002/2003 scholastic year and the programme is being monitored and evaluated.

The work of the information and counselling centres was described in the last report. They are primarily intended for the pupils of the upper secondary schools. They are also available to families and teaching staff and, if it is compatible with the available resources, they may also work with the compulsory secondary schools. Some 1,224 centres are available in 64 Provinces and with the available resources their work is guaranteed at least until 2002. Monitoring of this initiative is now under way.

Progetto Formazione is aimed at staff who, at the Provincial or institutional level have responsibility for health promotion and drug prevention. At the national level, two training seminars were held in Rimini for teachers and heads of institutions with responsibilities at provincial level, whilst at the provincial level some 726 courses were held for teachers. These courses consisted of two phases, one on "Youth conditions" and one on "health education". The training will be completed in 2002 and is being monitored and evaluated.

Three other projects have also been financed. One is concerned with life skills and peer education and involves 20 education authorities, 132 schools and 264 classes and is being monitored and evaluated. A second is an experimental project designed to use new communication technology to reduce risk behaviour. A third is designed to promote primary prevention in disadvantaged areas of three Italian cities . Turin, Bari and Naples. All these projects began in the latter part of 2000 and it is hoped that interim reports will be available for the next report to the EMCDDA.

9.1.3. Youth programmes outside schools

These types of programmes are largely conducted by the Counselling and Information Centres or by outreach programmes undertaken by public or private services. In large urban settings and localities where young people gather mobile information and counselling centres have been used. There has been no published evaluation about the impact of this type of service although observation suggests that they are under used because young people are unwilling to be observed entering them. Secondary prevention programmes aimed at young people in leisure settings appear to have been more successful and these are considered in the section concerned with outreach work.

9.1.4. Community programmes

As with youth programmes outside school, community programmes are largely within the context of the counselling and information centres or of outreach work.

Under the developing new strategy, with its increased focus on prevention, the active involvement of the family, church and voluntary associations will be promoted. It is intended that this should lead to much wider based prevention programmes which involve actors in all the settings where young people gather. The project financed by the Ministry of Education through the National Drugs Fund to develop primary prevention in disadvantaged areas of three Italian cities could provide a model for future development of community programmes.

9.1.5. Telephone help lines

The national telephone helpline '*Drogatel*' has continued to operate throughout the year. It is available from 09.00 to 21.00 every day and has a team consisting of 12 psychologists, 1 educator, 1 social worker, 1 legal adviser, 1 technician and a co-ordinator from the Department of Social Policies and Social Security of the Ministry of Welfare.

The organisation of the service was described in the last report and there have been no major changes to this in 2000.

During the year it received around 15,000 calls, 45.4% of which came from people who had not previously sought assistance from other drug services. Moreover, many of the callers did not know about the services which were locally available to them. Drogatel seems, therefore, to be in a position to reach a 'hidden' population and to make a link with the relevant local services.

The majority of the callers (21%) were in the 19 – 25 age group. This compares favourably with people already in contact with services, where 28% are in the 26 – 35 age group. The main

demand is for information about drugs, especially about short term effects and about the likelihood of psychological or physical dependence.
Information about cannabis (18%) was most commonly requested, followed by cocaine (13%), heroin (10%) and ecstasy (5%). When this data was divided between those who had never previously contacted a service and those who has been in contact with a service, a difference emerges. New contacts predominantly sought information about cannabis (29%), heroin (23%) and cocaine (21%). Previous contacts sought information about heroin (54%), alcohol (13%), cocaine (13%) and benzodiazepines (12%). The data about new contacts is interesting because it seems to reflect the trends identified in the ESPAD Italia survey which found cannabis to be the most prevalent drug but noted the use of cocaine and of heroin by smoking.
In terms of the callers, 23% were regular users, 22% were mothers, 10% the partner, 7% a friend and 6% the father of users/suspected users and 5% were concerned citizens. The central and southern Regions of Italy each contributed 26% of the calls to the service, 23% of calls came from the north western Regions, 12% from the north eastern Regions and 10% from the island Regions. These distributions are in line with previously reported patterns. However, the level of calls from the central, southern and island Regions is proportionately higher than either the proportion of the total population resident in these Regions or the proportion of drug users identified through the indicators. This may, therefore, reflect a higher level of use in these Regions than is otherwise shown. It may also reflect a lower level of service provision in these Regions. A further possibility is that, because drug use is a less common phenomenon in these Regions than, for instance, in the north western Regions, there is greater anxiety when drug use is discovered.

9.1.6. Mass media campaigns

The contents of the 2000 national drugs campaign, which was focussed on the use of new drugs and of using drugs in combination or with alcohol, were described in the last report to the EMCDDA. This section will, therefore, concentrate on the evaluation and results of the campaign.
The mass media campaign involved television, radio and the print media. The TV programmes began on 25 June on the SIPRA and Publitalia networks, from mid-September it was transferred to the Mediaset network and from October the RAI, TMC, TMC2, Match Music and Magic TV networks were involved. The latter three were particularly important because they are exclusively music channels whose viewers are the prime target group for the campaign. Based on audience figures for the channels when the advertising spots were shown, the total audience for the spots was around 276,257,000.
For the radio spots, two blocks of 15 days, starting on 9 July, were used. They were played on RAI, CNR Plus, Radio Teen, Radio Dimensione Suono, RTL and Radio Deejay and based on audience figures the total audience for the spots was around 115,260,000 people.
The print media campaign used the principle dailies for each region as well as the journals most read by young people and by operators. Through the print media some 2,880,000 information leaflets were made available.
The web site www.lo*Non*Calo.it was established as has remained as a permanent and regularly updated site. It contains information about drugs, a directory of treatment services, special games and links to relevant sites. The site was described fully in the last report and in the second half of 2000, when the prevention campaign was high profile, it received over 3.5 million hits.
An innovative aspect of the 2000 campaign was the weight given to developing direct contact between operators in the sector and young people. In the 165 days between July and mid-December some 400 local initiatives were reported and over 100 different organisations, both public and private, were involved in associated activities.
During the nights of July and August a carriage of the 'Blue Train', decorated with the images of the campaign, travelled the Emilia-Romagna coast. The train carried thousands of young people to the most well known localities for night life in the holiday season and the carriage provided the opportunity for them to obtain information and advice.
Also throughout the summer a stand and two minibuses of the national campaign travelled throughout Italy attending a wide range of events, including, for instance, the Radio Dimensione Suono and RTL road shows, the Italian Beach Volleyball and Beach Soccer championships, the Monza Grand Prix, and pop festivals in Genoa, Naples and Monza. In the autumn, the minibuses toured discotheques around the country, ending at the National Drug Conference in Genoa.
In Milan two activities of the project 'Art and Fantasy for Life' (Arte e Fantasia per la vita) resulted in information material being distributed in 300 upper schools. The 25 November was declared a day for mobilisation against drugs in Milan, Rome, L'Aquila, Syracuse, Frosinone and Teramo with a range of activities and the campaign ended on 15 December at a festival hosted by Radio Dimensione Suono.

During the campaign, 1,660,000 information leaflets, 510,000 B-Careful and 215,000 Safety cards 24,000 posters, 30,000 T-shirts, 15,000 head bands and 1,000,000 tattoos were distributed.
The campaign was evaluated using a range of methodologies. First, by distributing questionnaires to young people at local events associated with the campaign. This could be completed alone or with the help of an operator. 15,948 questionnaires were completed, 57% from males, 38% from females with 5% not answering the relevant question. The questionnaire asked questions about life style, knowledge about and availability of drugs and opinions about drugs. The associated events of the campaign were evaluated by 800 face to face interviews of a representative sample of people between the ages 15 – 25. The television campaign was evaluated by 1,005 telephone interviews with people between the ages of 15 and 55.
The replies to the questionnaire showed that over 60% of young people had seen drugs circulating in places where they normally gathered, with the discotheque (39%), school\university (31%) and in their own circle (22%) being the most common locations. The majority felt they knew a lot, or enough about drugs (63%). In terms of the drugs most used, those replying felt the cannabis (68%). alcohol (67%) and ecstasy or its analogues (51.5%) were the most commonly used drugs. The first two are in line with the data gathered by the ESPAD Italia survey. However, this is not the case for ecstasy. It may be that the high profile given to ecstasy in the media generally, through the national campaign and through local activities in discotheques etc. may have contributed to an image of the level of use which is not supported by the actual level of use. On the other hand, cocaine, at 24%, is the fourth drug listed and other evidence suggests that the level of cocaine use is relatively high. Ecstasy was reported as easy to obtain (62%), especially in the discotheque (77%) or on the street (41%) and curiosity (63%) or for fun (39%) were the main reasons proposed for drug use.
Evaluation of the associated events sought to gain opinions about the material distributed through the campaign. 81% of young people held onto the information leaflet, 11% passed it to someone else and 8% threw it away. 84% reacted positively to the leaflet with the graphics (61%) being most appreciated whilst the style of communication (30%) and the contents (29%) were less appreciated. 44% of respondents saw the message as rational and 61% saw it as emotional. Overall, the material was appreciated for its presentation and originality with 84% responding positively to the activities undertaken. The cards were especially welcomed because they could be carried easily. There was no difference in the results between the 15 – 18 and 19 – 25 age groups and no significant difference between the responses of males and females.
The evaluation of the TV campaign found that half of those interviewed recalled a social campaign with 25% recalling one concerned with drugs, 11% one that concerned a telephone line and 9% one concerned with AIDS. When prompted, the percentage recalling the drugs campaign rose to 79%. Of these, 88% specifically remembered some aspect of the campaign, with 91% recalling a film clip. Overall, 81% reacted positively to the campaign whilst 19% were neutral or responded negatively to it.

9.1.7. Internet

As already reported above, the national prevention campaign used the internet as one of its means of communicating the message and the site was extensively used. The number of internet sites concerned with drugs and drug misuse has continued to expand with many of them listed on the Focal Point web site (www.puntofocale.it). A description of the main sites was given in the last report and will not be repeated here.
The most significant development has been in the broad public social services sector. Law 328\2000 of 8 November, 2000 was intended to create an integration of social service interventions. Following this, the Department of Social Affairs (now the Department of Social Policies and Social Security) identified the need to increase significantly its contact with other central, regional and local administrations, with associations and with the private citizen. Based on the positive experience of Drogatel, operating as a call centre, the web site of the Department was completely re-designed. Information and documents, including the relevant legislation, is now available on line. It is also possible to make direct contact with an operator through the call centre and to receive information sent electronically, given over the telephone or by fax or mail. In future the system will also be used to make contact with the public to support promotional and information campaigns.

9.2. Reduction of drug related harm

9.2.1. Outreach work

Outreach work has been a feature of Italian drug services for over 10 years and is undertaken both by the public health services and by private social organisations. Much of this work has been financed by the National Drugs Fund in the framework of the national drugs strategy.

The main objective of the outreach projects has been to limit the spread of HIV infection amongst injecting drug users. This has, however, been extended to deal with both other aspects of health and social care for habitual drug users and the emerging issue of synthetic drugs, the casual use of these substances and the risks associated with their use.

Within Italy, there are three specific target groups for outreach work: drug users; the general population and; institutions and services with service planning and delivery responsibilities. These target groups and the kinds of services provided were described fully in the last report.

The main development during 2000 was the local implementation of the accord between the state and the Union of Dance Hall Operators (SILB – Sindicato Imprenditori Locali da Ballo). On 28 August 2000, a protocol was agreed between the Government and SILB to establish a basis for providing information and services within discotheques. Such services were being provided but they way in which they were able to operate was dependent upon the attitudes of the local discotheque operators. The protocol, by establishing a national basis for activity allowed local initiatives to develop and, where good relations between the discotheques and local services developed, allowed different types of service to be offered. The range of services provided varied from the provision of information leaflets and advice, through to the rooms allocated within the discotheque for the provision of both counselling but also for providing health care interventions where these were needed. Only one report describing an intervention in the context of a discotheque (Coacci et al 2000) was published during the period. This described the procedures which had been followed to achieve local implementation of the protocol in the Grosseto area of Tuscany. Some 10 of the most popular discotheques were involved and the project was a partnership between the local health service, the Prefettura of Grosseto, the Tuscany Region and the local representatives of the SILB. Particular attention was given to staff training both for staff of the discotheques involved but also for staff who would participate in the project. The project also worked to ensure that the key elements of the national protocol were applied locally. The carefully planning and the efforts to establish good relations between project staff and the discotheques had allowed effective implementation of the new service.

9.2.2. Low threshold services

These services are provided by reception or welcome services (Servizi di accoglienza). They may be provided either by the Ser.T or by private social organisations. Separate national information on these types of service is not maintained, rather the data is included within data for socio-rehabilitative services. One report on a low threshold service in Bergamo was published (Riglietta et al 2001). This described the use of a mobile unit aimed at providing harm reduction services and also at providing a low threshold entry into treatment services. In a six month period, 2,835 people were contacted (2,391 male, 444 female) of whom 231 were previously unknown to any service. Those contacted were offered health education and counselling, as well as material aimed at reducing the harm associated with drug injection or unsafe sexual practices. Where possible, clients were referred to the Ser.T. in Bergamo for a rapid assessment, which was completed within 24 hours of the referral and were then offered pharmacological treatment with methadone or other appropriate intervention. Data is available on the distribution of harm reduction material but no data was provided in the paper on the effectiveness of the low threshold intervention for bringing clients into treatment.

9.2.3. Prevention of infectious diseases

The prevention of drug related infectious diseases has been a major theme in the national strategy for dealing with drug problems over the last 10 years. It has three basic elements: prevention of new infections; care and support for those already infected; treatment and support for those experiencing serious health problems as a result of infection.

The prevention of new infections has been included as an objective of both the national anti-drugs campaign and the national AIDS campaign.

Testing for HIV, Hepatitis B and Hepatitis C infection is routinely offered to clients of the Ser.T. and many services, especially the private socio-rehabilitative services, require clients who have not been tested recently to undertake a test. When a sample is taken it is routinely tested for all three infections.

As reported in the epidemiology section of this report, the number of drug related AIDS cases in Italy has consistently fallen over recent years. The prevalence of HIV infection in drug users has also been falling annually. However, in 2000 there was a slight upward movement amongst both existing and new clients of the Ser.T. It is not clear why this change has occurred. It is possible that the focus of earlier years on education, information and services aimed at reducing the risk of exposure to HIV infection has gradually been replaced by a more generalised focus on the reduction of drug related harm and that HIV education has, to some extent, become lessened. It is also possible that the main focus of HIV information and education has shifted to sexual

transmission as the prevalence of drug related transmission has declined. Much of the provision of injecting equipment is impersonal through machines. The lack of direct contact and the opportunity to provide information may have had an impact on the level of infection because the opportunity to offer advice and to explore individual risk reduction strategies might have been lost.

For Hepatitis B the long term trend of a diminution in the prevalence of infection has continued and has not changed in 2000. For Hepatitis C, the level of infection has remained almost static for the four years for which data is available.

What is noticeable is that there are very large Regional variations in the levels of infection. Emilia-Romagna, Sardinia, Trentino Alto Adige and Lombardy have generally shown upward trends in infection whilst Campania, Molise, Umbria and Valle d'Aosta have generally shown downward trends. It is not clear why this has occurred. There have been no significant changes in the number of clients being tested. It may be that the infection rates reflect drug using patterns. These Regions tend to have higher proportions of clients whose primary drug use is heroin and are likely to have higher numbers of injectors. Risk behaviour to infection may, therefore, be higher in these Regions. Further examination of local factors would be necessary to determine more precisely the factors which might be at work. However, the data suggests that there is a need to re-enforce health education on the dangers associated with drug injection and with sharing injection equipment.

9.3. Treatments

9.3.1. Treatments and Health care at national level

Within Italy treatment services are provided either by the National Health Service managed drug treatment programmes (Ser.T) or by private, not for profit organisations. In 2000 there were 555 Ser.T spread throughout Italy and 1,335 socio-rehabilitative structures.

Information about the staffing, clients and treatment typology of the Ser.T is collected by the Ministry of Health using a series of standard reporting forms. A recent development has been the production of an electronic system for recording and submitting the data from the Ser.T. The aim is that this should allow the collection of data in line with European standards and that it should link with a national system referred to earlier. Using funds from the National Drugs Fund the national health service managed public drug treatment services – Ser.T. (Servizi Tossicodipendenti) have been provided with software to collect drug treatment demand data in line with European standards and funds have been provided to the Regions to develop the data collection system. Also at the national level, the Ministry of Health has undertaken or commissioned a series of projects, financed through the National Drugs Fund, to improve data collection from public and private treatment services, to evaluate/monitor services and to explore in greater detail specific aspects of mortality or morbidity amongst drug users.

At the Regional level, there has been a gradual implementation of the accords reached by the Permanent Conference for relations between the State, the Regions and the Autonomous Provinces in January and August 1999. The content of these accords was described in the last report. Within the broad guidance of the accords, it was a matter for each Region to establish its own regulations on the structure, minimum standards and reporting requirements for drug treatment services. Specific details of the measures adopted in individual Regions are not currently available and many Regions had not completed the processes required to re-organise treatment services or to accredit services in line with the minimum standards adopted in the Region. Most had, however, established working groups or committees to advise on the contents of Regional regulations and many had prepared the necessary Regional directives, even if these had not yet been brought into force.

The classification of drug treatment interventions at the national level remains rudimentary. Only broad categorisations are used with four basic groups, Ser.T., residential, semi-residential and ambulatory services. Residential services are, in general, rehabilitation services aimed at achieving long term abstinence. Semi-residential services are ones which a client attends for a substantial part of the day or the week. Ambulatory services may be outreach services, counselling services, prevention services, etc. There is national data on the staffing of the Ser.T. but no national data on the staffing of other treatment services.

In terms of the staffing of the Ser.T., only limited data is available at present for 2000. Doctors (23%) and nurses (24%) represent the largest professional groups, followed by psychologists (17%) and social workers (16%). It is not possible to make comparison with staffing levels for previous years.

As reported earlier, the objective of interventions has been defined in the Guidelines for Harm Reduction as progressive treatment with the objective of long term abstinence. However, the evidence of practice appears to suggest that there has been a steady increase in long term male

clients of the Ser.T. whilst the percentage of new clients and of female clients has steadily declined. The implication is that progressive treatment is not occurring. This appears to be confirmed because, whilst the number of clients of the Ser.T. has continued to increase, the number of clients in residential and semi-residential services has declined. This is one of the factors which has led to the policy decision to give greater weight to residential treatment and to focus more attention on rehabilitation and less on maintenance.

In 2000 there was no change in the criteria for admission into a treatment service or in the involvement of public health services. General medical practitioners are not normally involved in the provision of treatment services and even general health care is most commonly provided by the Ser.T. rather than by community based health services. One report has described the involvement of general practitioners in the treatment of heroin addiction (Michelazzi and Leprini 2001). Since 1994, family doctors in Trieste have been involved in the treatment of opiate addicts, prescribing methadone as part of a therapeutic programme decided within the surgery. Presently some 50 family doctors are involved in providing such a service through their surgery. Additionally, with the support of the local health authority and the public services, district surgeries have been established where five general practitioners and a nurse work on week days. No doctor has more than 15 patients. The aim is to provide a full health care service as part of normal community provision and to allow the client to choose how s/he wishes to be treated.

The accord of January 1999, which has been discussed earlier and which was described in the last report, is concerned with the re-organisation and co-ordination of intervention services. It is not fully operational in all Regions but considerable progress has been made to develop a more systematic and co-ordinated arrangement for the provision of services.

A major impact on the Ser.T. was the transfer of responsibility for prison health care to the Ministry of Health and through it to the local health authorities. This has resulted in a noticeable increase in the number of clients of the Ser,T. who are prisoners. This is discussed more fully in the special topic. Other special services which have been given priority for development have been services for women and for drug using parents and re-insertion into employment. Again, these are discussed in the relevant sections of the report.

Treatment services are funded by the local health authority from funds allocated at the national level by the Ministry of Health. Private social-rehabilitation services may also be funded through contracts with the Ministry of Justice or through project funds granted by the Region, Province or Commune. Additionally, both public and private treatment services may receive project funds from the National Drugs Fund.

In 2000, the number of people in treatment with the Ser.T. rose to 147,146 compared to 142,651 in 1999. This increase was to some extent caused by a 16% increase in the number of drug dependent prisoners in treatment with the Ser.T. The male to female ratio was 6.4 : 1. As in previous years, there are substantial Regional differences with the northern Regions having a better male : female ratio whilst many of the southern Regions had a ratio in excess of 10 : 1. It remains unclear why there should be such a significant geographical difference and further exploration is necessary to determine whether this is a true reflection of drug using patterns, and if so why, or if there is a hidden population of female drug users who remain outside treatment.

Data on clients of the social-rehabilitative services is collected differently to that for the Ser.T. For the latter, the total number of clients during the year is recorded. For the private services, a census of clients in treatment on a specific day is taken. Because clients in semi-residential and residential treatment are also often listed as clients of the Ser.T., it is not possible to know at present what level of double counting may occur between the two service groups. On the other hand, data for ambulatory services is negligible and virtually no information is available for clients of this service type. The average number of clients in the socio-rehabilitative services in 2000 was 19,057. This is a 6% reduction in the average number of clients compared to 1999. However, the number of services replying to the census in 2000 was also reduced and this may have led to some of the apparent reduction in clients. What is surprising is that whilst the number of clients of the Ser.T. has increased annually, the number of clients of the socio-rehabilitative services has declined. This would seem to suggest that a treatment blockage is occurring. Such a suggestion seems probable when it is noted that the percentage of clients of the Ser.T. who were in treatment at the beginning of the year has been increasing whiles the percentage of new clients has been declining (Fig. 30).

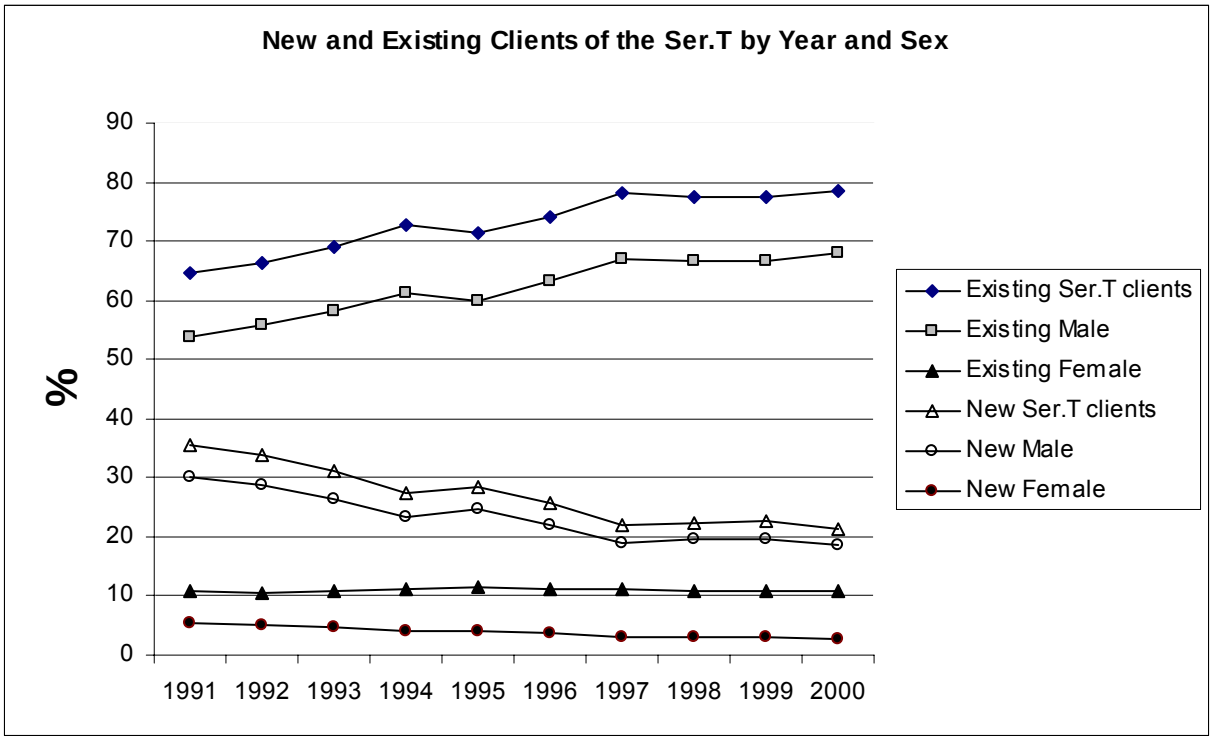


Fig. 30 *Source: Ministry of Health, Helath Information System*

Evaluation and research is discussed later in this report.
Training of staff is a matter for the employing bodies at the Regional and local level. Many Regions have reported that training is being developed associated with the implementation of the 1999 accords along with the general training programme of the Region. In particular, there has been a need to develop additional training programmes to re-qualify or improve the qualifications of staff in order that the minimum standards for services can be achieved.

9.3.2. Substitution and maintenance programmes

Substitution and maintenance programmes are almost exclusively provided by the Ser.T. Over the last 10 years there has been a clear national trend in the type of treatment offered within the Ser.T. Pharmacological treatment, especially with methadone, has increased whilst non-pharmacological treatments have declined over the same period. This pattern changed slightly in 2000 with the percentage of clients receiving a pharmacological intervention declining. Figure 31 shows the percentage of clients of the Ser.T receiving different treatment interventions by year. The reduction in the percentage receiving pharmacological treatment is, however, largely accounted for by the increase in drug dependent prisoner clients where non-pharmacological treatments dominate. For the other clients of the Ser.T., the percentage receiving pharmacological treatments, especially methadone treatment, has continued to increase. In 2000, excluding clients in prison, over 50% of all clients of the Ser.T. received methadone. The percentage receiving long term methadone maintenance (over 6 months) continued to increase whilst the percentages receiving medium term or short term prescriptions of methadone continued to decline. The use of other pharmacological treatments also declined during the year.
In terms of treatment provided by the socio-rehabilitative services, there has been a slow increase in the number of clients receiving methadone treatment, long, medium and short term, and a decline in the use of other pharmacological treatments. This appears to be related to the provision of semi-residential (day) programmes for drug dependents receiving methadone from the Ser.T. rather than the use of methadone within residential settings. It is the case, however, that some residential services do include a detoxification element within their programme where short term methadone prescription or use of other pharmacological treatments might be involved.

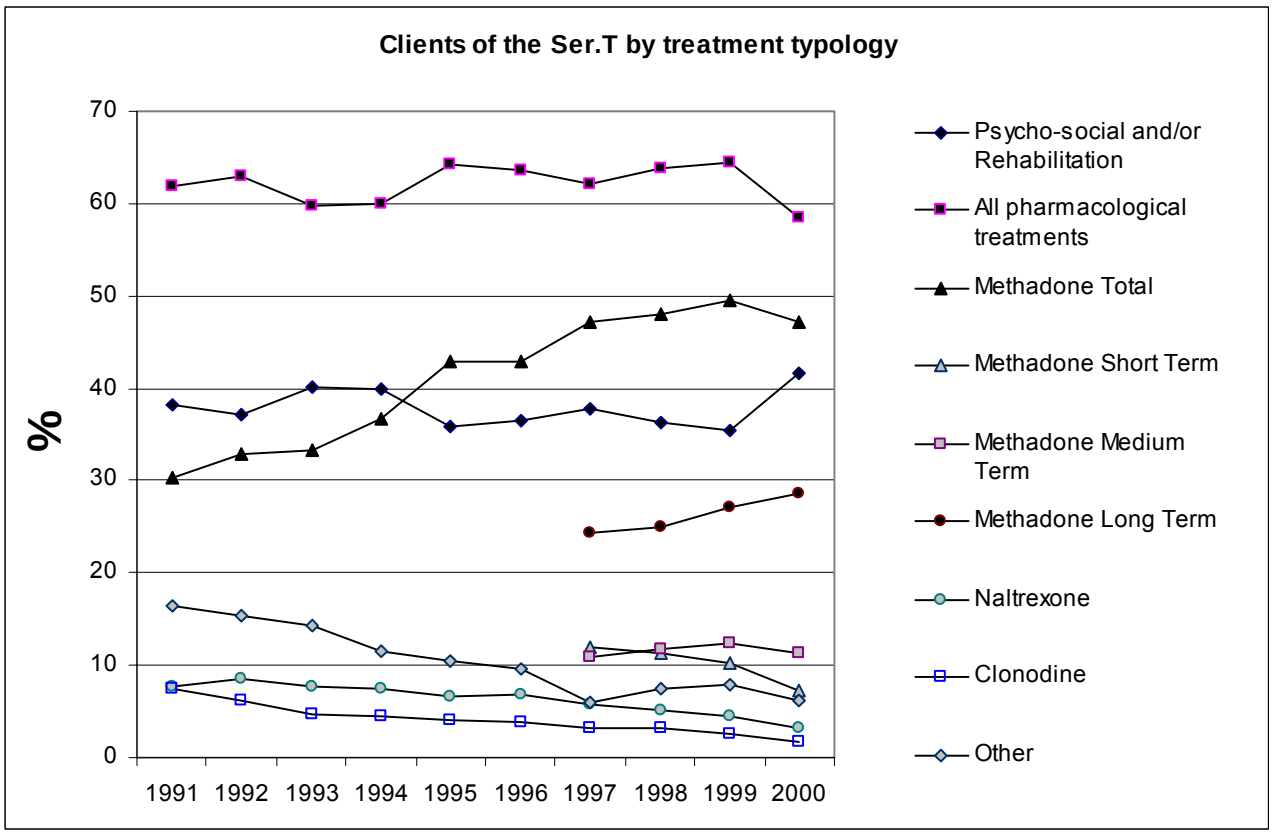


Fig. 31 *Source: Ministry of Health, Health Information System*

There has been no change in the general operation of the Ser.T. during the year or in the regulations disciplining the criteria for admitting clients into programmes or the methodology for prescription and dispensing. There are large Regional differences in prescribing practice between Regions. The difference in prescribing practices between Regions, and almost certainly within Regions, appears to reflect different treatment approaches, either short or medium term detoxification or long term maintenance and risk reduction. They may also reflect treatment preferences and/or assessment of both individual clients and of the extent and characteristics of the drug problem in the Region. In particular, some Regions have significantly lower percentage of clients whose primary drug use is heroin than the national average. In these cases, substitute or maintenance prescribing is likely to be lower as well.

The main research projects concerned with the operations of the Ser.T. are the VEdeTTE study co-ordinated by the Piedmont and Lazio Regions and a study of the quality of services co-ordinated by the Emilia-Romagna Region and undertaken by Emme e Erre. A further study on the quality of residential treatment services provided by the private sector has also been undertaken by Emme e Erre. All these studies are now beginning to prepare publications arising from their work but data is not generally available at present.

9.4. After-care and re-integration

After care and social re-integration is largely the province of the private socio-rehabilitative services. It is primarily provided for clients who have completed a course of treatment which may be with the Ser.T., in prison or with a private socio-rehabilitative service. The objective of after care and re-integration services is to create circumstances which reduce the likelihood of relapse into drug use.

In recent years there has been a particular focus on re-insertion into employment and the avoidance of social exclusion. There is a well established legal framework for re-insertion into employment and the residential rehabilitation services in particular have sought to use this legislation on behalf of their clients.

Law 381/91 defines social co-operatives through two categories. Category A social co-operatives operate health, social and educational services and the disadvantaged person is a client. A therapeutic community would, therefore, be a Category A organisation. Category B organisations carry out a range of activities and would be readily defined as social enterprises, that is, they may operate in a commercial sense but for a social purpose. Disadvantaged people are workers in such organisations and at least 30% of the workers must be from disadvantaged

groups for the organisation to be placed in Category B. In Law 196/97 concerned with apprenticeships, article 18 defines training and orientation apprenticeships. Although normally used to facilitate the choice of profession through direct work experience, the law can be used by therapeutic communities and social co-operatives. It allows a 12 month work experience placement, which does not constitute formal employment, and can be undertaken in any business so long as apprentices do not constitute more than 10% of the total workforce. Therapeutic communities may themselves arrange apprenticeships in local businesses for their clients or may provide training and orientation within the service. In this case, they may take advantage of the resources available through the European Social Fund. Where a drug user is classified as disabled, and that disability exceeds a defined level, s/he may be placed in employment in a business which is obliged to reserve a percentage of posts for disabled people. Laws 407/90 and 223/91 are concerned with long term unemployment. They give economic benefit to firms which employ people who have been unemployed for at least 2 years. Although the legislation is for all people experiencing long term unemployment, it has advantages for drug dependents who have undertaken a rehabilitation programme. Under law 309/90, a person undergoing treatment for drug dependency has their employment protected for three years. Protection is also given to a family member who has to take on additional responsibilities whilst someone is being treated for dependence. Legislation also forbids employers from seeking information about drug use or dependence by an employee or applicant for a post.

The legislation, therefore, provides the opportunity for drug dependents to return to employment but unfortunately there is little data available about actual practice. For this reason the Ministry of Labour has developed a project, financed through the National Drugs Fund, to evaluate the impact of projects to return drug dependents to employment.

In general, therapeutic communities are involved in after care and re-insertion at a number of levels. First, it has been common practice in Italy for the family to be actively involved in the rehabilitation process. Especially as the drug user progresses through the therapeutic programme, the family becomes more engaged. The intention is both to re-build family relations and to prepare the ground for a successful return to the community on completion of the therapeutic programme. Second, programmes have increasingly assisted clients to obtain additional educational or employment qualifications, especially where education and employment have been severely disrupted by drug misuse. Third, they have, as part of their normal therapeutic programme, assisted clients to develop work routines and the capacity to work effectively with others. Finally, they have assisted clients to enter employment and provided continuing support in the early stages of re-entry into work. Several papers prepared for the Third National Drugs Conference gave descriptions of work aimed at assisting re-insertion into employment (De Luca 2000; Dimauro 2000) but little data was available.

The area of return to employment has been given a high priority in the developing drugs strategy and additional resources are expected to be devoted to this area at both local and national levels.

There is no specific assistance given in terms of housing for people who have or have had drug problems. Many will return to live with the family. Others will seek to rent accommodation from the normal commercial market.

9.5. Interventions in the Criminal Justice System

As has been noted, a major change in 2000 was the transfer of health care responsibility for prisoners to the Ministry of Health and thus to local health authorities. The result has been a significant increase in the number of clients of the Ser.T. who are in prison. It is not clear, however, whether services are provided to these clients exclusively by the Ser.T. or to what extent socio-rehabilitative services are involved.

As has been previously reported, possession of listed drugs (drugs controlled under the drug laws) is not a criminal offence. A person found in possession of listed drugs may be referred to the Prefect of Police where s/he will be warned of the dangers of drugs and told not to use them again. If it is thought appropriate, the person may also be referred to a treatment service to obtain assistance with a drug problem. In 2000 22,212 people were referred to the Prefect of whom 20,886 (94%) were male and 1,326 (6%) were female. Of those referred, 1,963 males were under 18 and 148 females.

5,749 people were referred to a drug treatment service of whom 4,053 (70.5%) completed the rehabilitation programme. The majority of people referred to the Prefect were in the 18 to 30 age group and the median age was 23. Within this general framework, however, there was an increase in the percentage of people under 18 and of people over 30 in the referrals.

Attached to the Prefecture is the Nucleo Operative per le Tossicodipendenze (NOT). This consists of people with professional experience of work with drug users. Staff of the NOT are normally involved in interviewing people referred to the Prefect for drug possession to advise on

the most appropriate administrative measure and to propose the most appropriate service for assessment, prevention and/or treatment.

There is limited data available about drug related offending as opposed to data on drug law offending. Information is available of drug dependent prisoners by type of crime for which they have been imprisoned, on alternative measures to imprisonment for drug dependents and on juvenile offenders assessed as drug users or drug dependent by type of crime.

The Juvenile Justice Service, consisting of the assessment centres, penal institutes for juveniles and the social service offices for juveniles, received 1,128 people with a drug problem, 75% of whom were Italian. The vast majority were male and in the 16 – 17 age group. The main offences were either against the drug laws or offences of robbery or theft. Cannabis was the drug most used followed at some distance by cocaine and then heroin. It might have been expected that ecstasy and other 'new' drugs would be more prominent in this age group. However, the forms used to compile the data are unchanged from 1994 and do not allow for a more precise distinction to be made between stimulant drugs. Identification of drug use or dependence amongst juvenile offenders is most commonly by personal declaration on the part of the offender. It may be identified by observation or clinical assessment, but this is less usual. Because an individual may pass through different elements of the juvenile justice system, there is an element of double counting of offenders in the statistics of individual elements. However, it is clear that those dependent on heroin, other opiates or cocaine were most likely to be placed in a penal institute whilst cannabis use was likely to be dealt with at the assessment centre. There was a difference between Italian and non-Italian juvenile drug users. The latter were very rarely referred to the social service office for juveniles and were much more likely to be sent to a penal institute. The type of intervention most commonly provided was psychological and/or support. Pharmacological interventions were provided where it was felt appropriate for those juveniles who were using opiates and in some cases both pharmacological and psychological interventions were provided. Alternative measures are available to juvenile offenders and in 2000, 85 drug dependents were referred to a therapeutic community for intensive support and rehabilitation. Unfortunately data is not available on either the geographical location or the outcome of such interventions.

For adult drug law offenders, 6,740 drug dependents were on probation during the year. Detailed data is available for the first half of 2000 on alternative measures to imprisonment. In this period 4,237 drug dependents were on probation for an offence and 1,041 drug dependents were under supervision of the probation service having applied for an alternative measure or for early release after receiving a prison sentence. Of those on probation in this period, there were 1,691 new referrals and 3,587 who were under probation supervision for the whole of the period. The majority of probationers were in the northern Regions. What is noticeable is that more drug dependents were placed directly on probation in the central than in the southern Regions but more people were released from prison to probation service supervision in the southern than in the central Regions. The reason for this is not clear. It may be that the offences involved were more serious or it may reflect prosecution and sentencing policy in different Regions. The overwhelming majority of offenders under probation supervision were male (90.3%). Most of those under supervision were in the 18 - 29 age range (45.7%). Of the 4,237 people placed directly on probation, 253 (6%) had their sentence revoked and were sent to prison, most commonly for poor performance whilst on probation. Of those released from prison to probation supervision, 120 (11.5%) were returned to prison. Again, the majority of cases involved poor performance on probation. Many therapeutic communities have a convention with the Ministry of Justice to provide services for drug dependents brought before the courts and who may undertake treatment as an alternative to imprisonment, or as a condition of early release or conversion of a prison sentence or to support re-insertion into the community. Unfortunately there is no national data readily available on the number of people entering such programmes or on the outcome of the interventions. Given the relatively low relapse rate resulting in revocation of a probation order, it would appear that such interventions are effective but more detailed data and analysis is necessary before any firm conclusions can be drawn.

The final area for which data is available concerns drug dependents serving a prison sentence. On 31 December 2000 there were 14,440 drug dependents in prison. This was a reduction on the number in prison in 1999 and represented 27.2% of the total prison population compared to 28.5% in 1998 and 19.3% in 1999. What is noticeable is that although the number of both Italian and non-Italian drug dependent prisoners fell in 2000 compared to the previous years, the fall was much greater for Italian drug dependents than for non-Italian drug dependents. The issue of drug dependent prisoners is discussed more fully in the special topic chapter.

A number of papers presented at the Third National Drugs Conference discussed work with drug using offenders with a focus on work with those referred to the Prefect for unlawful possession (Castelli 2000; Lucchini 2000; Tedici et al 2000; Zotta 2000) or on work with drug dependent

prisoners to assist their return to the community (Colaianni et al 2000; Colombo 2000). These papers were predominantly descriptive and material from them has been used to inform this section.

9.6. Specific targets and settings

In terms of specific targets and settings, there has been relatively little data published during the year. Women drug users and drug using parents have been identified as priority groups for the development of services and one of the working sessions of the Third National Drugs Conference was dedicated to the issue. During the session papers were presented from services and research/ evaluation projects in the Province of Turin, the Piedmont Region (Burroni 2000), the Ser.T. of Turin (Ricciuti 2000), the Rome B health authority (Collodi 2000), the Gabbioneta programme of the Bessimo Community (Saletti 2000), Gruppo Abele, the PARSEC programme (Cerri 2000), the SAMAN association in Naples and the Ministry of Health. The majority of presentations, therefore, were from northern Italy and this reflects the national situation in which the proportion of female to male clients of treatment services in the north is considerably higher than in the south of the country. Most services focussed on the needs of women drug users or on drug using parents are in the north of the country.

As examples of the types of service for women drug users, the Province of Turin reported on a community for women prisoners in the Delle Vallette prison. The community was small, with only seven residents, but it allowed an intensive therapeutic input. It also funded 5 other communities, three for pregnant women and two for women with children up to three years old. Other papers noted that female drug users were at a disadvantage to male users in terms of employment, especially where they had child care responsibilities. In Rome, a network had been established to provide services for pregnant drug users and to work with the partners. This network involved the Ser.T., paediatricians, obstetricians and a socio-rehabilitative service. The number of couples using the service (24) was relatively low in a two year period but the results were positive. 12 couples were heroin dependent and received methadone maintenance. During the pregnancy, no additional drugs were detected in 11 of the pregnant women whilst one women tested positive on two occasions but negative on all other occasions. Interestingly, the partners also reduced their use of other drugs and four had negative test results throughout the period of the pregnancy. The implication from this work was that given appropriate treatment and support, the period of pregnancy could have good treatment outcome results. The Piedmont Region project was designed to co-ordinate the provision of assistance to pregnant drug users. During the operation of the project, from 1978 to 1999, it had worked with 349 female drug users. The papers presented from the other services showed a similar pattern to the ones described above. In general the number of women drug users was small, the specific target of services was pregnant women or those with small children. Most special services had a small client base but the intensive treatment and assistance which could be offered appeared to result good treatment outcomes, primarily for the drug user and child, but often for the family relations, especially the partner.

During the year, as a result of financing from the National Drugs Fund, a number of projects have been approved at the national level to develop new services. The Ministry of Labour has undertaken projects to develop prevention programmes in the workplace and to support employment training and re-insertion into or return to employment for drug users. It is hoped that some results from these projects will start to become available for the next report.

No other specific new targets have been reported in the available literature. However, a priority has now been given to the number of non-Italian drug dependents coming to notice, primarily through the justice system, and to the need for services to respond to this situation. The Bagnolo Platform, which arose from a conference in the Emilia-Romagna Region, explored the framework for making provision for immigrant communities. The area where Bagnolo is located is due for substantial expansion which will result in a rapid population expansion, largely met by increased immigration. The Platform was presented at the Third National Drugs Conference, although there were no specific services for the immigrant populations described (Ministero del Lavoro e delle Politiche Sociali 2001b; Nizzoli 2000a). Again, it is hoped that data on this area will become available in the next year.

10. Quality Assurance

10.1. Quality assurance procedures

As was reported in detail in the last report, the accords approved by the Permanent Conference for Relations between the State, the Regions and the Autonomous Provinces in January and August 1999 established the framework for the re-organisation of drug services and for minimum standards to be established for each type of service. It was for the individual Regions and Autonomous

Provinces to prepare the necessary local regulations to implement the accords in accordance with the identified needs.
During 2000 all the Regions and Autonomous Provinces continued the necessary work to apply the accords. This most commonly involved the establishment of working groups drawn from the relevant sectors to advice on the local needs and the standards which should be applied. In practice, most Regions made progress and introduced regulations/directives to implement the January 1999 accord concerned with the re-organisation of drug treatment services. Following this they then began work to define the expected quality standards for services. At present, only limited data is available from the Regions in relation to quality assurance.

10.2. Treatment and prevention evaluation

As was noted last year, treatment and prevention evaluation has become a major theme. The Bulletin on Alcohol and Drug Dependence, published jointly by the Ministry of Health, Department of Prevention and UNICRI is one of the major publications containing evaluation data and descriptive accounts of service provision. In 2000 there were significantly fewer evaluation reports published compared to 1999.
The national prevention campaign is subject to evaluation and the results of the 2000 campaign have already been described. Treatment evaluation is discussed in the special topic section of this report

10.3. Research

It remains the case that research is undertaken at several different levels. At one level, individual organisations and research institutes may undertake research which is relevant to the demand reduction sector. This research largely reflects the interests and research agendas of the individual organisations and institutions involved.
A second level is research undertaken at the local or Regional level, usually as part of the Regional strategy. This may be conducted by the Regional Drugs Observatory or be commissioned by the Region from public or private organisations. In general, this research aims to provide the tools for more effective implementation of the strategy and to provide a basis of validated methodologies for interventions. It is also usual for Regional Observatories to review research findings and to draw on these to inform the development of Regional strategy.
The third level is research commissioned or undertaken at the national level. Reference has already been made to a number of major national research projects, namely the evaluations of the Ser.T and of therapeutic communities and the VEdeTTE study. A range of other research projects have been commissioned by Ministries which together are designed to provide a vastly improved data base upon which to base national policy and strategy. In particular, the bids from Ministries for money from the National Drugs Fund have been evaluated against national priorities for information on the epidemiology of drug use, the socio-demographic characteristics of drug users and people with drug problems and the effectiveness of interventions. Central to this has been the OIDT and its priorities and work programme. In particular, in relation to developing the application of European standards within Italy, some 16 projects have been financed through the National Drugs Fund.
Treatment outcome research is discussed more fully in the relevant special topic.

10.4. Training for professionals

Training for professionals is a matter for individual Regions and local health authorities. Following adoption of the 1999 accords, many Regions have developed training programmes specifically to re-qualify staff and to improve the qualifications of existing staff in order that they might meet the expected quality standards. Additionally, training has been developed to assist services improve their capacity to evaluate interventions and monitor quality.
As has been noted, the Guidelines for Prevention Projects prepared by the Ministry of Education and the Guidelines on Harm Reduction prepared by the Ministry of Health both require monitoring and evaluation of projects and programmes and provide advice on methodologies. It was also a requirement that projects financed through the National Drugs Fund should be monitored and evaluated.
Regional evaluation and reporting requirements differ between Regions and whilst the guidelines which have been produced offer a basis for a national framework, they do not constitute a standard system for reporting and evaluation and do not, therefore, ensure compatibility or comparability.
At present there is no national data on the number of training events or the number of people trained.

11. Polydrug use: drug set and setting

11.1. Patterns and users groups

There is very little data available specifically on the issue of poly-drug use in Italy. Much of the information has to be inferred from sources such as primary and secondary drug use of clients in treatment with the Ser.T., data on drug use among particular groups, especially young people, or data on drug related deaths.

Studies concerned with new and synthetic drugs have consistently found that the majority of ecstasy users also habitually use other drugs. The research project Mosaico, which was carried out in Rome, Bologna, Turin and some Provinces of Lombardy found that two thirds had used cocaine and most used alcohol and cannabis. The research project Dance, undertaken in the Province of Florence found that polydrug was common amongst casual drug users, with use of cannabis, alcohol and cocaine the most common (Macchia and Giannotti 2000).

Although there has continued to be research published on drug use among young people and in the student population, for example, these studies invariably report on the percentage of people using specified drugs (Cifiello 2000; Nizzoli 2000B). From the data reported, it is clear that a proportion of the population must be using two or more drugs. However, there is no data published to show what proportion are multi drug users nor what proportion might use two or more substances at the same time. Overall, there is a dearth of data an polydrug use in Italy.

11.2. Health and social consequences

As with the epidemiological data, there is very limited information available about the health consequences directly related to polydrug use as opposed to health and social consequences arising from identification of a main drug or from mode of use.

The most precise data comes from the work of the Italian Forensic Toxicologists Group which has collected data on drug related deaths and identified the main drugs found as a result of toxicological analysis. The data for 1999 is shown in graphic form below.

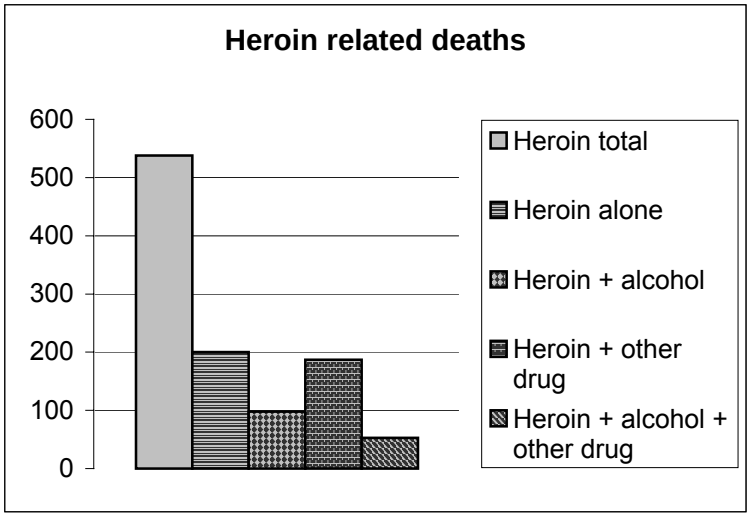


Figure 32 Source: Study by the Forensic Toxicologists Group of the Italian Society of Legal Medicine

As can be seen from this data, heroin and methadone related deaths were more likely to involve at least one other substance. Deaths in which heroin or methadone alone was involved were less common. There is a difference between the heroin and the methadone deaths. For both heroin and methadone related deaths, co-terminus use of other drugs is an important factor. However, for heroin related deaths, co-terminus use of alcohol is also a significant factor whilst it is much less important in methadone related deaths.

By contrast, cocaine related deaths are overwhelmingly reported as being solely related to cocaine use and the use of other substances is relatively unimportant.

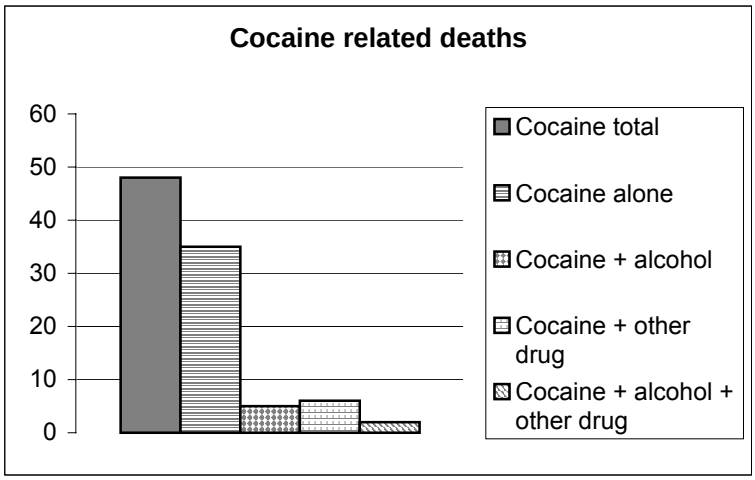


Figure 33 Source: Study by the Forensic Toxicologists Group of the Italian Society of Legal Medicine

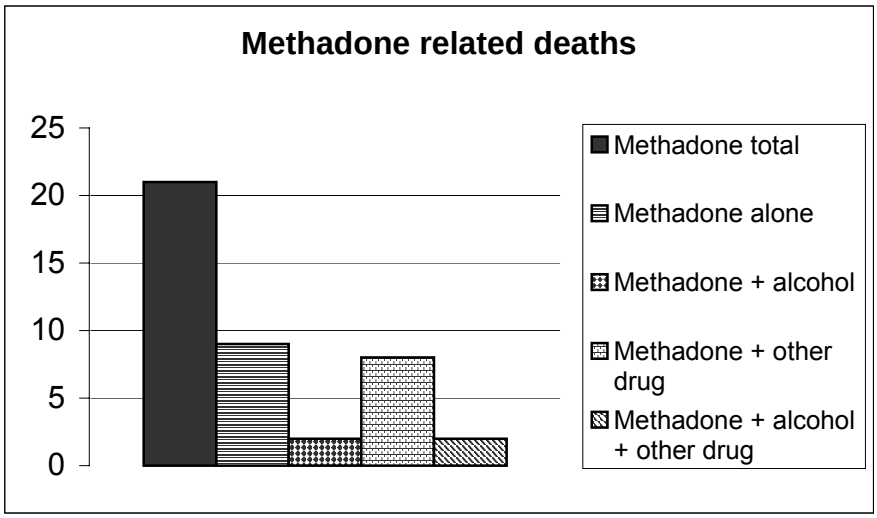


Figure 34 Source: Study by the Forensic Toxicologists Group of the Italian Society of Legal Medicine

There is no other published Italian data which shows direct correlation between polydrug use and health or social consequences. Research in Perugia has examined alcohol, drugs of abuse and driving (Furnari et al 2000). A total of 244 drivers were stopped and were examined for the presence of alcohol and/or other drugs to determine their fitness to drive. 54 drivers were found to test positive of whom 39 tested positive for alcohol alone, 9 tested positive for alcohol and at least one other narcotic or psychotropic substance and 6 tested positive for a drug alone. Of the 15 people found to have used a drug, 11 had used at least two drugs. This data is in line with earlier work by the Forensic Toxicology Group which found that in 55% of road accidents involving the death of the driver, alcohol and/or drugs were present at a level sufficient to impede competence significantly.

11.3. Risk assessment and local market

A search of several Italian bibliographic data bases has found no publications describing local markets or risk assessment of polydrug use. Within the context of developing the early warning system (EWS) in Italy some data has become available, as has data through the national project on synthetic drugs. The data is, however, focused on the use of synthetic drugs and information on polydrug use and local markets is a bi-product rather than a prime target.

A second problem relates to the legal difficulties associated with obtaining and testing substances which are in circulation on the market. For a variety of reasons this is almost impossible within Italy.

The limited data which is available arises from some analytical work undertaken in 1999 (Macchia and Giannotti 2000). This found that the purity of tablets sold as ecstasy varies between 10% and 50% with an average purity of 30%. Only in very rare cases was the purity level in excess of 50%. The actual content of tablets included cocaine alone, ketamine alone, methamphetamine plus amphetamine, caffeine alone, caffeine plus paracetamol, and heroin plus paracetamol plus cocaine plus caffeine. Polydrug use could occur, therefore, simply through the use of a single tablet. No other data on risk assessment or local markets relating to polydrug use has been found for 2000.

11.4. Specific approaches to the interventions

There has been no data published on specific interventions or treatment approaches to polydrug abuse. It is not clear whether this is because work with polydrug users is not seen as separate from work with the generality of drug users or whether this is because work in this area is new and data has not yet emerged into the scientific arena.

The National Prevention Campaign in 2000 did specifically tackle the issue of multidrug use, especially the use of alcohol in combination with synthetic drugs. This focus arose from the experience of local projects working in discotheques and youth settings where there was concern at this pattern of use.

A second element in tackling combined alcohol and drug use has been the inclusion in the protocol between the Government and the SILB that the price of non-alcoholic drinks should be markedly lower than the cost of alcoholic drinks. The intention was to encourage the use on non-alcoholic drinks. However, data is not at present available on the number of discotheques which have signed up to the protocol nor is there any evaluation available on the impact of this approach on multiple drug use.

11.5. Methodological issues

The gaps in data and the methodological problems in obtaining substances for analysis have been noted throughout this section. The most important steps for the future are to undertake some specific data collection on multiple drug use and to examine whether there are specific differences between single and multiple drug users both in terms of characteristics and in terms of health or social problems arising from their drug use. There is also a need to look at patterns of multiple drug use to determine the levels of risk associated with different patterns. International literature does provide some useful indications but specific Italian data is essential if interventions, either for prevention or for treatment, are to be appropriately developed.

12. Successful treatment: the effectiveness of the interventions

12.1. The approaches to treatments and the related concepts of success

Within Italy, the definition of treatment approaches is rather inadequate. Treatment tends to be defined either by the provider or by a generic definition. Thus, the definition 'ambulatory services' may encompass low threshold interventions, intensive counselling, or interventions in a particular setting, whilst treatment within a national health managed treatment service (Ser.T.) may encompass a wide range of different treatment interventions.

It remains the case that there are often no clear definitions of either the intervention nor of the objectives of the intervention. A further complicating factor is that many evaluations have concerned specific projects of intervention within the broader context of a treatment service. It is not always clear what relationship the project has to the overall objectives of the treatment service or of how the different elements of a treatment service interact.

Given this problem, there appear to be a number of different objectives. Some treatment services have a single clear definition of success, such as residential treatment services. Here the objective is that the client should learn how to sustain abstinence and return to the wider community. Other services may have a range of different objectives and different definitions of success which are related to particular client groups or to particular behaviour patterns, for example. In consequence, the definition of success has tended to be specific to the desired outcome from a specific intervention often separate from the general context of the work of the treatment service.

There is also some difference between the policy objectives for treatment interventions articulated at national and regional level and treatment objectives articulated by individual services. This is beginning to be resolved as the new direction and objectives of national drug

policy become more clearly understood and services and financing of services become oriented to this new direction.

12.2. Evaluation of the treatments

At the level of the evaluation of the effectiveness of treatment within Italy, there have been two main approaches. The first has been concerned with the utility of treatment, the second with the quality of services.

The largest study on the evaluation of treatment is that being undertaken through the VEdeTTE (Evaluation of the Effectiveness of Treatment for Heroin Dependents) study. This study is financed by the Ministry of Health and co-ordinated by the Public Health Agency of the Lazio Region and the Department of Public Health of the University of Turin.

It is a longitudinal study which began in October 1998, involves 122 Ser.T. in 12 Italian Regions and by April 2000 it had recruited 15,000 clients into the study.

Data from the study should shortly begin to be produced, but preliminary data has been of interest, for instance, in showing a higher than expected percentage of clients sniffing heroin and this practice being higher amongst new users and in showing that the risk of overdose, and of HIV or HBV infection was highest in the most socially disadvantaged group of users.

The characteristics of the study are:

- A stable cohort with all new clients of the Ser.T. linked to information collected on treatment. This allows data about mortality and morbidity (both overdose and other health indicators) to be regularly gathered in a comparable way
- Carrying out of an active follow-up of those enrolled in the study to evaluate other aspects, such as drug use, and level of social, employment and family rehabilitation
- A group of clients available for additional studies and evaluations different from the original study
- Material from the study is available on request to studio.vedette@unito.it.

In addition to the major national study, there have been local evaluations of treatment or of specific interventions. One study considered the whole treatment system in a Region (Di Carlo et al 2001), one quality and outcomes in a Region (Ugolini (ed) 2000), others considered specific interventions but not necessarily the whole treatment programme (Filippone et al 1999; Fogaroli et al 1999; Monteleone and Lanzafame 2001) and a final group considered treatment outcomes (Giannelli et al 1999b; Mollica 2000; Poloni and Arcelloni 1999; Zucchi and Ferrari 1999)

Research on the quality of services has been undertaken at the national level in relation to both the Ser.T. and to the therapeutic communities. The national project on the Ser.T., promoted by the Ministry of Health, was co-ordinated by the Emilia-Romagna Region and involved 16 Regions and Autonomous Provinces. At the conclusion of its work the project had 140 Regional seminars, 5 national seminars and one European seminar, involving 260 operators. The objective of the research was to reconstruct the levels of quality of the Ser.T., to identify lines for development and, with the guidance of the Regions, to propose ways of promoting a quality policy. The research showed that the Ser.T. were not in a position to guarantee minimum levels of service both in terms of the physical facilities and of the service provided. The services were found to have a particular shortfall in terms of administrative staff, psychologists and educators. The final report from the study is available from rbinami@regione.emilia-romagna.it. It underlines that each Ser.T. must take responsibility to control its core activities through a clear operational plan which makes transparent roles and responsibilities.

A further study, also financed by the Ministry of Health, has been concerned with evaluating the quality of therapeutic communities. This study is being co-ordinated by Emme e Erre, involves a representative sample of therapeutic communities and the Italian Federation of Therapeutic Communities heads the project. The results of this work are now being prepared for publication.

As reported last year, there has been some focus during the latter half of the 1990s on quality standards in treatment services. A number of descriptive papers about the quality procedures (Di Fini et al 2000; Nizzoli et al 1999) or particular aspects of quality, such as client satisfaction (Di Carlo et al 1999; Ghirardello and Quaresima 2000; Giannelli et al 1999a; Michetti et al 2001; Sorio and Bimbo 1999), have been published.

However, it remains the case that few papers specifically on the issue of treatment outcome and effectiveness have been published. To fill the gap in documentation, the work of the Cochrane Group has been strongly promoted in Italy. The Annual Report to Parliament on the State of the Drug Problem in Italy (Ministero del Lavoro et delle Politiche Sociali 2001a) devoted a special section to presenting data arising from the work of the Group.

12.3. Methodological issues

As already noted, there is little data at present available on the effectiveness of treatment provided within Italy. This will to some extent be remedied as material from the major national studies referred to above become available.

At the national level, the Ministry of Health the Ministry of Welfare and the Ministry of Justice have all promoted projects, financed through the National Drugs Fund, to evaluate different types of service or intervention. These include, for instance, the impact of work place prevention programmes, the effectiveness of employment re-insertion programmes, evaluation of programmes for women drug dependents and their children and evaluation of health education and drug prevention programmes. A further area for development, which has been promoted through the Guidelines for Harm Reduction, is evaluation of harm reduction interventions. In summary, there have been considerable gaps in the evaluation of effectiveness of treatment interventions in Italy but there has been substantial progress recently and this will be enhanced through the additional projects which have been promoted by various Ministries and supported by the National Drugs Fund.

12.4. Annex:

Di Carlo, C., Cirilli, E., Bonifaci, A., Di Sante, L., Ferrante, L., Ferzi, F., et al (1999)
La qualità percepita nei Ser.T.: report di una esperienza condotta presso il Ser.T di Giulianova
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXII 1999 (1)

Di Carlo, C., Ruffini, D., Sapziani, D., Pomponio, A., La Manna, G., Bernabeo, C., et al (2001)
La Valutazione nel Sistema dei Servizi per le Dipendenze della Regione Abruzzo: l'esperienza del POR (Progetto Obiettivo Regionale).
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXIV 2001 (2)

Di Fini, A., Angelino, R. and Cavallo, M.R. (2000)
Dalle ISO 9000 alla qualità: Analisi di un'esperienza in un'azienda sanitaria e nell'unità operativa Ser.T.
Comunicazione al Convegno Europeo: La Valutazione nei Servizi per le Tossicodipendenze, Bologna, 16-17 ottobre 2000

emme e erre (2000a)
Progetto nazionale: "La Valutazione della Qualità dei Ser.T"
Comunicazione al Convegno Europeo: La Valutazione nei Servizi per le Tossicodipendenze, Bologna, 16-17 ottobre 2000

emme e erre (2000b)
Progetto nazionale: " La valutazione dei risultati delle Comunità Terapeutiche: una ricerca valutativa multicentrica"
Comunicazione al Convegno Europeo: La Valutazione nei Servizi per le Tossicodipendenze, Bologna, 16-17 ottobre 2000

Filippone, G., Ferrigno, S., Gisone, A. and Russo, P. (1999)
Valutazione della efficacia dei trattamenti terapeutici nella tossicodipendenza da oppiacei
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXII 1999 (4)

Fogaroli, C., Agnelli, C. and Cicciò, L. (1999)
Valutazione di efficacia dei trattamenti farmacologici sostitutivi condotti secondo differenti protocolli terapeutici
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXII 1999 (4)

Ghirardello, G. and Quaresima, A. (2000)
La valutazione di qualità nel Ser.T di Merano
Comunicazione al Convegno Europeo: La Valutazione nei Servizi per le Tossicodipendenze, Bologna, 16-17 ottobre 2000

Giannelli, G., D'Altri, A.M., Teodorani, M. and Ugolini, P. (1999a)
Un Ser.T allo specchio. Percezione della qualità del servizio per le tossicodipendenze di Cesena da parte degli utenti.
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXII 1999 (1)

Giannelli, G., D'Altri, A.M., Teodorani, M. and Ugolini, P. (1999b)
Dati sulla valutazione di esito nelle tossicodipendenze. Indicatori qualità della vita e affrancamento dalle sostanze stupefacenti nel Ser.T di Cesena.
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXII 1999 (1)

Michetti, M., Carbonelli, A., Di Stefano, R., Di Mizio, C., D'Alessandro, A. (2001)
La qualità percepita nei Ser.T.: risultati di una indagine condotta in un'area dell'Italia centro meridionale.
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXIV 2001 (2)

Mollica, R. (2000)
La valutazione dell'outcome attraverso il calcolo dell'indice di ritenzione
Comunicazione al Convegno Europeo: La Valutazione nei Servizi per le Tossicodipendenze, Bologna, 16-17 ottobre 2000

Monteleone, C., Lanzafame, G. (2001)
Analisi critica delle metodologie dell'intervento terapeutico nelle comunità per politossicodipendenti del Centro Sociale "Il Sentiero" - O.D.A. Catania. Valutazione dei dati epidemiologici e diagnostici sugli utenti e di supervisione degli operatori.
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXIV 2001 (2)

Nizzoli, U., Ghirardini, M. and Montanari, G. (1999)
La certificazione del Servizio per le Tossicodipendenze, Ser.T dell'AUSL Reggio Emilia.
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXII 1999 (4)

Poloni, V. and Arcelloni, P. (1999)
Servizio per le tossicodipendenze di Crema. Uno studio di Follow-up su 87 eroinomani che hanno concluso un programma riabilitativo comunitario tra il 1990 e il 1995.
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXII 1999 (2)

Sorio, C. and Bimbo, A. (1999)
La qualità percepita dagli ospiti della Comunità Terapeutica "Pratolungo" dell'Azienda USL di Ferrara.
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXII 1999 (4)

Ugolini, P. (ed) 2000
Qualità e Outcome: l'esperienza degli Osservatori della Region Emilia Romagna
Comunicazione al Convegno Europeo: La Valutazione nei Servizi per le Tossicodipendenze, Bologna, 16-17 ottobre 2000

Zucchi, S. and Ferrari, R. (1999)
La valutazione dell'efficacia dei trattamenti nel Ser.T di Settimo Torinese, Volpino, Leinì, A.S.L.7. Meccanismi di difesa, relazioni familiari e tempi di latenza in funzione dell'indagine dell'efficacia pratica.
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXII 1999 (4)

13. Drug users in prison

13.1. Epidemiological situation

There is no data available on illicit drug use within prison. There is data on drug users identified within prison, although this data is not detailed in terms of the type of drugs used, mode or frequency of use. Rather, the data concerns prisoners assessed as drug dependent on admission into prison, nationality and type of offence. The presently available data does not allow a distinction between prisoners awaiting trial, awaiting sentence or convicted.

The data on new admissions into prison is shown in Table 12 and is graphically represented in Figure 35.

As can be seen from this data, in 2000 there was a significant reduction in the use of imprisonment for all categories of offenders except non-addict foreign offenders. However, in percentage terms there has been a trend in the reduction of imprisonment for Italian offenders but an increase in the use of imprisonment for non-Italian offenders, both addict and non-addict. This may relate to the

seriousness of the offence, or that the offender was non-resident in Italy or was an illegal immigrant with no settled accommodation in Italy.

	31/12/94	31/12/95	31/12/96	31/12/97	31/12/98	31/12/99	31/12/00
	Number	Number	Number	Number	Number	Number	Number
Italian New Prison Admissions Total	100179	91783	92411	92438	94216	90486	58654
Italian non-addict New Prison Admissions	68714	64254	64155	61300	63963	61371	40816
Italian Drug Addict New Admissions	31465	27529	28256	31138	30253	29115	17838
Drug crime new Italian addict admissions	16430	13867	14694	16343	14746	13984	8310
Non-drug crime new Italian addict admissions	15035	13662	13562	14795	15507	15131	9528
Foreign New Admissions Total	24959	23374	24656	27197	30832	28208	28935
Foreign non-addict new admissions	19389	18078	18035	18703	21303	21329	22687
Foreign Addict New Admissions	5570	5296	6621	8494	9529	6879	6248
Drug crime new foreign addict admissions	3318	3228	4253	5210	5595	4155	3806
Non-drug crime new foreign addict admissions	2215	2068	2368	3284	3934	2724	2442

Table 12 *Source: Ministry of Justice*

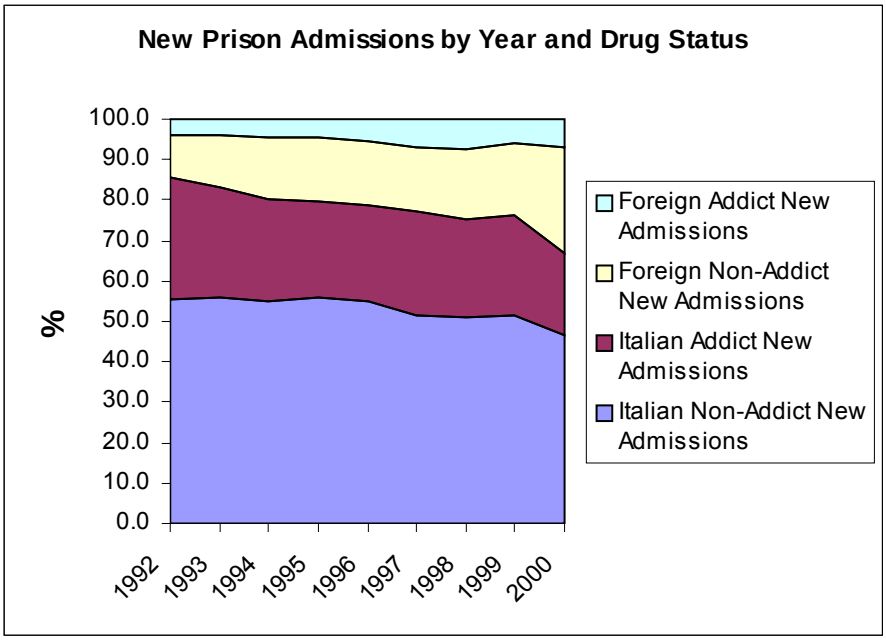


Figure 35 *Source: Ministry of Justice*

The reason for the numerical decline appears to be related to a policy decision within the Ministry of Justice to give priority to a reduction in the use of imprisonment and to place greater reliance on the use of non-custodial arrangements both for those awaiting trial and for those convicted of an offence.

For juvenile offenders, there is data about drug use status of offenders passing through the juvenile justice system, but no breakdown is available on the drug use status of those placed in penal institutes for juveniles. The available data concerns the type of offence and this does not, therefore, directly relate to drug use.

The overwhelming majority of drug dependent prisoners were male. Of the total of 14,440 drug dependent prisoners on 31 December 2000, 95.7% were male. Amongst foreign drug dependent prisoners on that date the percentage was even higher, at 97.9%. This data seems to suggest that there is a progressive development. Males are more likely to be referred to the Judicial Authorities for offences than are females and they are then more likely to be detained in prison. This may reflect a higher level of offending amongst male drug users and may also reflect a cultural pattern in which males are more likely to be involved in criminal activities which attract the attention of the police (drug crimes, robbery, theft, etc) whilst females may be more involved in activities which have lower policing priority, such as prostitution.

The increasing presence of male, non-Italian drug dependents within the prison system is a matter of some concern. This is an area which has begun to receive increased attention.

In terms of the health status of prisoners, only data on HIV is maintained. There is no data available on infection with Hepatitis B or Hepatitis C or on any other health problems associated with drug use. Figure 36 shows the HIV status of drug dependent prisoners present on 31 December each year. As can be seen, the vast majority of HIV infected prisoners were drug misusers and there has been a steady decline in the number of prisoners testing positive for HIV since 1990.

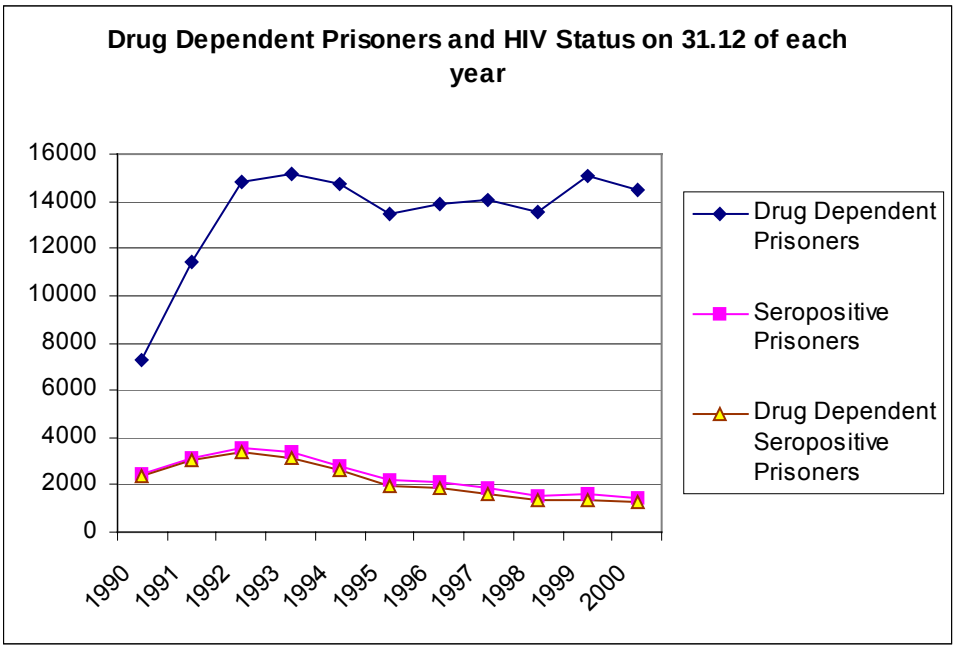


Figure 36 *Source: Ministry of Justice*

MEASURES ADOPTED FOR PEOPLE WITH HIV				
Time period	Accused		Convicted	Total
	Revocation of preventive measures	Home arrest	Penalty postponed	
13/07/92 - 01/11/92	18	37	56	111
01/11/92 - 13/10/93	153	275	412	840
14/10/93 - 31/12/93	53	76	123	252
01/01/94 - 10/05/94	113	129	166	408
11/05/94 - 31/12/94	145	205	296	646
01/01/95 - 30/06/95	144	315	270	729
01/07/95 - 31/12/95	168	204	237	609
01/01/96 - 30/06/96	113	142	161	416
01/07/96 - 31/12/96	95	168	210	473
01/01/97 - 30/06/97	86	180	225	491
01/07/97 - 31/12/97	60	134	149	343
01/01/98 - 30/06/98	62	184	157	403
01/07/98 - 31/12/98	160	299	122	581
01/01/99 - 30/06/99	126	260	112	498
01/07/99 - 31/12/99	80	173	124	377
01/01/00 - 30/06/00	73	149	115	337
TOTALE	1,649	2,930	2,935	7,514

Table 13 *Source: Ministry of Justice*

In the course of a year, a percentage of prisoners will develop AIDS related illnesses. The majority of these will be formerly drug dependent. Table 13 shows the measures taken with regard to prisoners who are HIV positive and where AIDS related illnesses are developing.
There is no data on drug related deaths in prison.
Any prisoner found in possession of illicit drugs within prison will be subject to the normal procedures of the law, although as seizures have historically always been low, prosecutions have been negligible. Arising from the large increase in the quantity of drugs seized within the prison setting in 2000, a number of prosecutions are proceeding but these have not yet been concluded.

13.2. Availability and supply

There is no data available on the availability of illicit drugs in prison and therefore no information can be provided on access, price, etc. at the user level.

In terms of supply, the only data concerns seizure within the penal setting made by the Penitentiary Police. Table 14 shows seizures for the last three years. In 2000 there was a very large increase in the quantity of drugs seized. Where in previous years seizures were at the level of very small quantities, in 2000 almost 23 kilos of heroin was seized and 117 kilos of cannabis. It is extremely difficult to interpret the significance of these seizures. They could represent successful police work preventing supply of drugs becoming a major issue in prison or they could represent disruption of an established supply pattern. Much further data would be required to offer any adequate interpretation.

Drug Seizures (kgs) and Anti-Drug operations of the Penitentiary Police

	1998	**1999**	**2000**
Heroin	0.191	1.121	22.919
Cocaine	0.296	0.014	2.634
Cannabis	0.222	0.087	117.21
Anti-drug operations	106	86	104

Table 14 *Source: Ministry of the Interior*

13.3. Contextual information

There are 220 prison establishments in Italy located throughout the country. They are under the responsibility of the Penitentiary Administration Department of the Ministry of Justice. Many of the larger prisons are relatively old and have limited facilities as larger numbers of prisoners have been placed within them. The type of prison in which a person is detained is dependent upon their status (accused or convicted) and the level of security which is considered necessary. Many prisons hold both remand and convicted prisoners and larger prisons have high security areas as well as the more normal security areas.

From January 2000, a gradual process began in the transfer of prison health care responsibility to the Ministry of Health and thus to local health authorities. The initial phase involved the transfer of responsibility for treatment of drug dependent patients to the Ser.T. However, medical care remained with the prison service. This led to some confusion because the Ser.T. were in general used to providing total health care for their clients and were concerned at the potential for conflicting approaches to develop between drug treatment and medical care (Colaianni et al 2000). In practice, this does not seem to have been borne out as a problem other than for the short term whilst the new system was being introduced.

Because direct work with a large number of drug dependent prisoners is a relatively new development, there is no data about the internal relations within the prison. During 2000, the Ser.T. were active in about 40% of the Italian prisons and in a few prisons there had been long term services provided by special units. In these latter units, good relations were known to exist. In other settings, data is not currently available and will be dependent upon the publication of papers or conference presentations in the public domain.

13.4. Demand reduction policy in prison

In light of the changing arrangements for the care of drug dependent prisoners, the Department for Penitentiary Administration established a working group in 2000 focussed on interventions with this population. The group considered both treatment within prison and treatment under the supervision of the probation service (Centri Servizi Sociali Adulti - CCSA). The group considered two levels of intervention, drug dependents coming into prison who were still physically dependent and drug dependents in the prison system who, whilst drug free, still needed treatment and support. To gather more precise data and to develop appropriate responses, a questionnaire was developed and the results analysed.

Based on the results from the questionnaire, it was clear that there was an urgent need to co-ordinate and to give impetus to the involvement of the Ser.T. in taking on responsibility for the health problems of drug dependents. The most critical points identified were that there were too few staff of the local health authority assigned to the prisons, placing improper burdens on staff within the prison system. In consequence, it was essential that protocols were established between the Prison Director and the local health authority to define their respective competencies and functions, even if the measures to be implemented were still insufficient. There was also the need for therapeutic communities to be engaged, especially in terms of assisting prisoners prepare for and achieve successful release without relapse into drug taking. Finally, there was a need to increase the range of treatments and therapies available within the

prison to include, for instance, psychological support groups, groups aimed at building motivation to change as well as the traditional treatment interventions developed through professional training.

Overall demand reduction policy is based on two levels. At the first level it is targeted at all new entrants into the prison system with the aim of offering immediate assistance where this is required, of providing preventive information and of offering interventions in terms of psychological support and relationships. At the second level it is aimed at providing specialist support for those prisoners who are drug dependent with the aim of bringing them within a treatment regime and the longer term objective that they should be released either into a continuing treatment programme or be supported to remain abstinent.

In practice within Italy, sustained intensive work with drug dependent prisoners is a relatively recent experience. In the past much of the work has been with remand prisoners who might be subject to an alternative or substitute measure and not with those who would largely complete their prison sentence. During 2000, many Regions and local health authorities were engaged in establishing arrangements for working with a much wider range of drug users (Ministero del Lavoro e delle Politiche Sociali 2001b). Most information which was available was, therefore, concerned with an analysis of the local data and establishing experimental units to develop methodologies for interventions in the prison setting. This was, for instance, the case in the Region of Tuscany. In Liguria a multi-professional working group was established to work within the prison setting with the prison staff. The most established intervention within the prison setting in Italy is the special Ser.T. operating within Rebibbia prison in Rome. This service offers most of the activities normally available within the Ser.T. operating in the community. There are family/client groups which make visits outside the prison and family/operator groups which function outside the prison establishment.

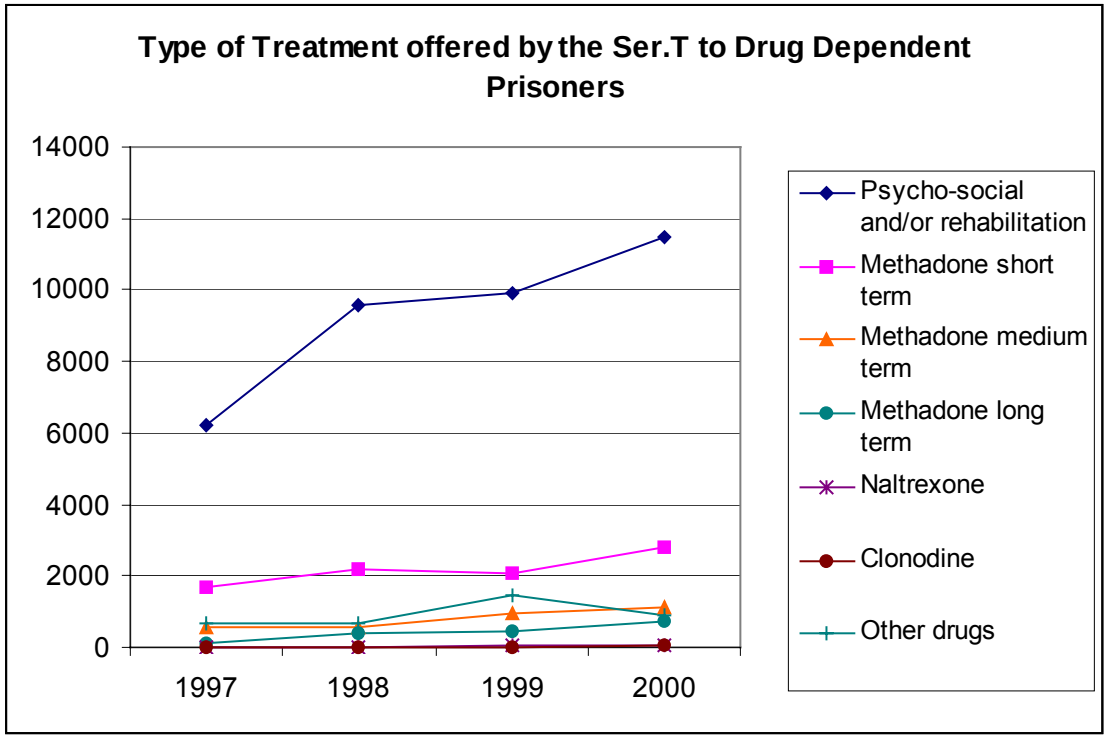


Figure 37 *Source: Ministry of Health, Health Information System*

Figures 37 and 38 show the type of treatment provided by the Ser.T within the prison setting. Figure 37 clearly shows the rapid increase in the number of people receiving treatment from the Ser.T. whilst Figure 38 shows that the proportion of prisoners receiving a pharmacological intervention has been rising. The main increase in 2000 was the provision of short term methadone. This seems to show that much of the increase of activity has been with new prisoners and the provision of detoxification services, although there has also been a steady rise in long term methadone prescription. The latter may be for remand prisoners or prisoners who have applied for alternative or substitute measures and who may have been in contact with the Ser.T prior to their incarceration.

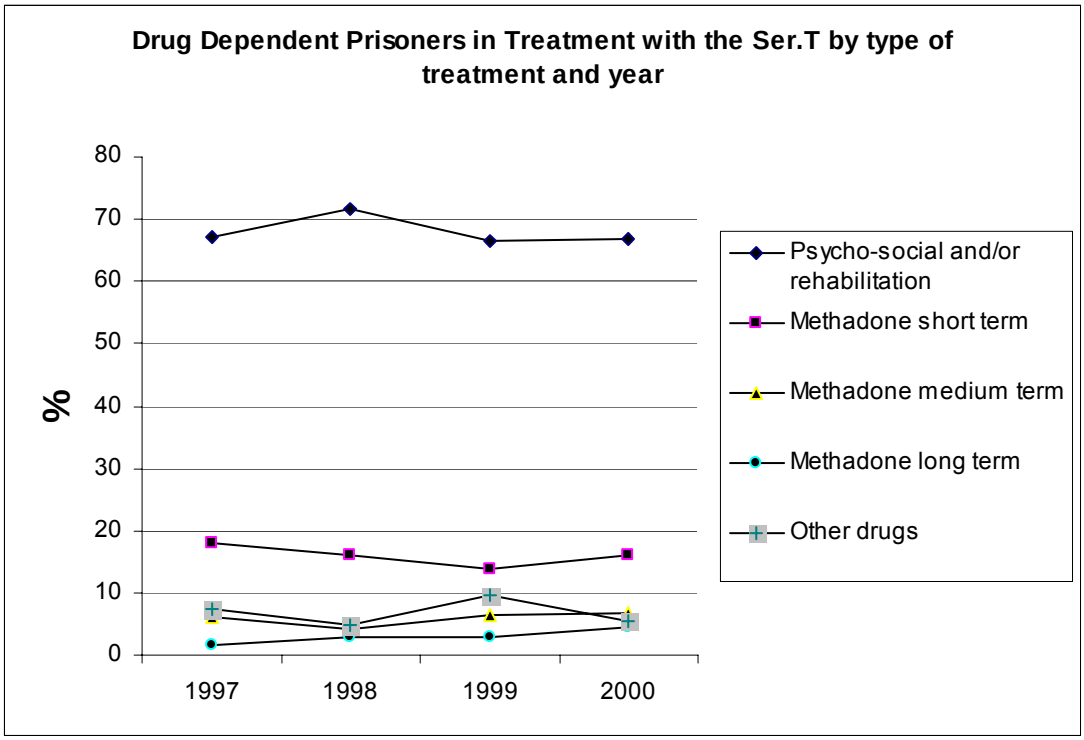


Figure 38 *Source: Ministry of Health, Health Information System*

There have been an increasing number of projects developing to work with prisoners on their release from prison. There is a relatively high use of remand in prison in Italy but also a high level of use of alternatives to imprisonment and of substitute measures to continued imprisonment. A drug dependent may, therefore, be remanded in prison and then receive an alternative measure, or may receive a prison sentence and apply for a substitute measure. Preparation for release is in consequence a complex process which may involve supervision by the probation service as well as treatment in a Ser.T. or in a socio-rehabilitative service or may be 'normal' release on completion of a sentence. There is limited data available on the range of services available, but many therapeutic communities are registered with the Ministry of Justice to provide treatment to drug dependents who are convicted of an offence. It is less clear how many projects work with offenders and how many projects are specifically focussed on work with drug dependents within the prison system aiming to assist them achieve or sustain abstinence on release. It is for this reason that at the policy level the decision has been made that the private/voluntary treatment organisations, especially residential treatment services, should be expanded and should have an enhanced role in the care of drug dependent prisoners.

13.5. Evaluation of drug users treatments in prison

There is very little published evaluation on the treatment of drug dependent prisoners in Italy. No recent evaluation has been published, only descriptive and quantative accounts of work in the prison setting. It is for this reason that the Ministry of Justice is undertaking a number of projects, financed through the National Drugs Fund to evaluate interventions, train staff and develop new, monitored and evaluated initiatives. All these activities should start to produce results within the next two years.

13.6. Methodological issues

As has already been noted throughout this section, there are significant gaps in data. Some gaps, such as a more precise definition of drug dependence, as opposed to drug use at a lower level, may be addressed as the Ser.T. become increasingly active in the prison setting. Other gaps may only be filled through specific research. In particular, there is a need to develop improved information about drug dependent prisoners separated between those on remand and those convicted and better information about the factors which appear to influence the likelihood of a drug dependent prisoner taking up the opportunity of treatment either within or outside the prison setting. There is also the need to develop some better data about drug use within the prison setting. The substantial increase in the quantity of drugs seized within prison in 2000 suggests that there is either a problem which has previously been hidden or that there is a demand which is unlikely to disappear and could lead to increased misuse over time.

Bibliography

Anzalone, M. C., Baglio, V. Le Moli, V., Marrella, G., Pilato, A. Scarantino, R., et al (2000)
Conoscere la realtà giovanile per progettare interventi di prevenzione. Un esempio di integrazione tra servizi del pubblico e del privato sociale nella realtà territoriale di San Cataldo.
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXIII 2000, n. 4

Banon, D., Castellini, A., Sartor, T. (2000)
Giovani, sostanze e contesti.
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Barbo, M. (2000)
Giornata regionale di preparazione della "Terza Conferenza Nazionale sui problemi connessi con la diffusione delle sostanze stupefacenti e psicotrope" - Monfalcone 7.11.2000 - Relazione del gruppo di lavoro: Nuove droghe: strategie di intervento
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Bezzan, G., Ceschi, I., Tomelleri, P., Colarusso, C., Beltrame G. (2000)
Centri Informazione e Consulenza.
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Bricolo, R. (2000)
I fenomeni di abuso: nuovi soggetti per altri oggetti – i perché di una scelta.
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Boccali, W. (2000)
Gli scenari e gli orizzonti degli interventi sulle tossicodipendenze.
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Burroni, P. (2000)
Progetto regionale piemontese: esiti a breve, medio e lungo termine del trattamento delle madri tossicodipendenti e dei loro bambini. Valutazione integrata delle capacità genitoriali dei genitori tossicodipendenti
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Castelli, C. (2000)
Aspetti di prevenzione del fenomeno della tossicodipendenza: conoscenza, monitoraggio e formazione nelle iniziative del Ministero dell'Interno.
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Cerri, D. (2000)
L'accoglienza della diade madre-bambino per le donne tossicodipendenti: dall'esperienza all'indagine
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Cifiello. S. (2000)
Profili di consumatori. Una ricerca sociologia sulle caratteristiche di consumo dei giovani
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXIII 2000, n. 4

Cantoni, L. (2000)
Natura e significati del gesto trasgressivo nel distretto del piacere.
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Cippitelli, C. (2000)
Il Coordinamento Nazionale Nuove Droghe
Paper presented to the Third National Conference on the problems connected with the spread of drugs.
Genoa, 28 - 30 November 2000

Coacci, A., Prodi, P. R., Bacci, L. (2000)
Discoteche D.O.C.
Paper presented to the Third National Conference on the problems connected with the spread of drugs.
Genoa, 28 - 30 November 2000

Colaianni, A., Lucchini, A., Ferrario, G., Gardini, M. (2000)
Il SERT in ambito penitenziario nella fase di progressiva applicazione della legge 230/99
Paper presented to the Third National Conference on the problems connected with the spread of drugs.
Genoa, 28 - 30 November 2000

Collodi, S. (2000)
La presa in carico della donna tossicodipendente durante la gravidanza e il puerperio in un servizio pubblico romano.
Paper presented to the Third National Conference on the problems connected with the spread of drugs.
Genoa, 28 - 30 November 2000

Colombo, I. (2000)
L'inclusione sociale possibile
Paper presented to the Third National Conference on the problems connected with the spread of drugs.
Genoa, 28 - 30 November 2000

Conferenza regionale Umbria (2000)
"I nuovi fenomeni, le nuove droghe, e la riorganizzazione dell'intervento".
Paper presented to the Third National Conference on the problems connected with the spread of drugs.
Genoa, 28 - 30 November 2000

Coordinamento dei servizi a bassa soglia del Piemonte (2000)
Processo di realizzazione del coordinamento degli operatori e dei servizi a bassa soglia del Piemonte.
Paper presented to the Third National Conference on the problems connected with the spread of drugs.
Genoa, 28 - 30 November 2000

Corsetti, L. B. (2000)
L'integrazione dei servizi nela nuova concezione ddei servizi sociali.
Paper presented to the Third National Conference on the problems connected with the spread of drugs.
Genoa, 28 - 30 November 2000

Croce, M. (2000)
Dipendenza e compulsività da gioco d'azzardo patologico e ruolo dei Ser.T.
Paper presented to the Third National Conference on the problems connected with the spread of drugs.
Genoa, 28 - 30 November 2000

D'Addona, M. A.,, Longo, C. (2000)
Prevenzione delle Tossicodipendenze. L'esperienza del Ser.T. di Telese Terme (BN) ASL BN1.
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXIII 2000, n. 4

Da Fermo, M. (2000)
Le dipendenze del duemila: nuovi scenari e riorganizzazione dei servizi in Abruzzo.
Paper presented to the Third National Conference on the problems connected with the spread of drugs.
Genoa, 28 - 30 November 2000

Davoli, M,, Bargagli, A.,M,, Sperati, A. (2001)
Mortality of Heroin Addicts
Paper presented to the Europad Conference, 2001

D'Egidio, P. (2000a)
Relazione scientifica conclusiva del Progetto Obiettivo Regionale Tossicodipendenze e Alcoldipendenza anno 1999
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

D'Egidio, P., Da Fermo, M. (2000b)
I giovani in Abruzzo.
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

D'Egidio, P., Da Fermo, M. (2000c)
Il Progetto Obiettivo Regionale Tossicodipendenze della Regione Abruzzo..
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

De Luca, G. (2000)
Modello di training per lavoratori - guida su dipendenze e d da sostanze, disaggio psicosociale e diversità nei luoghi di lavoro.
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Dimauro, P. E., Menozzi, R., Tedici, M., Erbi, S. Maionchi, E., Consonni, et al (2000a)
Inserimenti lavorativi: la realtà della Toscana.
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Dimauro, P. E., Menozzi, A. S. R. (2000b)
Gli inserimenti lavorativi come strumento terapeutico. Bilancio dell'esperienza del SER.T. della Az. USL 8 Zona Aretina
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXIII 2000, n. 4

Furnari, C., Pioda, G., Ottaviano, V., Tinti,S. (2000)
Alcool, sostanze stupefacenti e guida di autoveicoli: una proposta per l'applicazione dell'art. 187 del C.d.S.
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXIII 2000, n. 1

Geraci, M. (2000)
Funghetti psilocibinici nostrani.
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Gerra, G., Giusti, F. (2000a)
Il primo approccio dell'adolescente alle sostanze psicoattive: vulnerabilità, fattori protettivi e droghe "gateway".
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Gerra, G. (2000b)
Indicazioni per la prevenzione delle tossicodipendenze e dell'alcoolismo.
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

La Pera, G. (2000)
L'informazione sessuale adeguata potrebbe evitare che 40.000 giovani inizino a drogarsi?
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Lucchini, A. (2000)
Dalla sanzione alla prevenzione: potenzialità e criticità nelle esperienze dei servizi.
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Macchia, T. and Giannotti, C.F. (eds.) (2000)
Conoscere il cambiamento
Presidenza del Consiglio - Dipartimento degli Affari Sociali, Istituto Superiore di Sanità, Ministero della Sanità, Rome

Merello, P. (2000)
Nuovi stili di abuso: adolescenti e adulti alla ricerca di una comunicazione.
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Mollica, R. (2000)
Metadone a bassa soglia tra riduzione del danno e terapia .
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Michelazzi, A, ,Leprini, R, (2001)
General Practitioners and Heroin Addiction. Chronicle of a Medical Practice.
Paper presented to the Europad Conference, 2001

Direzione Centrale per i Servizi Antidroga
Relazione Annuale 2000
Ministero dell'Interno, Dipartimento della Pubblica Sicurezza, Direzione Centrale per i Servizi Antidroga, Rome

Ministero del Lavoro e delle Politiche Sociali, Dipartimento delle Politiche Sociali e Previdenziali. (2001a)
Relazione Annuale al Parlamento sullo Stato delle Tossicodipendenze in Italia 2000
Ministero del Lavoro e delle Politiche Sociali, Rome

Ministero del Lavoro e delle Politiche Sociali, Dipartimento delle Politiche Sociali e Previdenziali. (2001b)
Atti della Terza Conferenza Nazionale sui Problemi Connessi con la Diffusione delle Sostanze Stupefacenti e Psicotrope
Ministero del Lavoro e delle Politiche Sociali, Rome

Ministero della Salute (2000)
Linee guida sulla riduzione del danno
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXIII 2000, n. 3

Nizzoli, U. (2000a)
Immigrazione e abuso di sostanze, tra integrazione ed esclusione sociale. Il ruolo dei servizi. Piattaforma di Bagnolo
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Nizzoli, U., Castellani, C. (2000b)
Ricerca – intervento sull'uso di droghe ed i comportamenti a rischio nei giovani a Reggio Emilia - Raggruppamento per maschi e femmine .
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXIII 2000, n. 4

Paffi,D. (2000)
La "crisi" e il centro di pronta accoglienza
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXIII 2000, n. 1

Pani, P. P. (2000)
Lo stato dell'arte e le prospettive della valutazione nel campo delle tossicodipendenze in Italia
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Pantè, S., Sabbion, R. (2000)
Progetto di disassuefazione da metadone
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Pavarin, R. M. and Salsi, A. (1999)
Analisi delle caratteristiche dei soggetti contattati dagli operatori di strada del Comune di Bologna - primo semestre 1998
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXII 1999 n. 2

Pezzimenti, E. (2000)
Forze dell'ordine e peer support: una possibile integrazione.
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Picchi, M. (2000)
Le strategie per una prevenzione efficace.
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Ricciuti, M. (2000)
Tossicodipendenza, genitorialità e differenza di genere. .
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Riglietta, M,, Campana, M,, Canali, M,, Tidone, L, (2001)
Methadone and Harm Reduction: A Mobile Unit for the Province of Bergamo
Paper presented to the Europad Conference, 2001

Rizzotti, P. (2000)
Stampa e droga
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Rotarsi, M. (2000)
Tossicodipendenza, abbandono e relazione d'aiuto
Bollettino per le Farmacodipendenze e l'Alcoolismo Anno XXIII 2000, n. 4

Saletti, S. R. (2000)
Genitori e figli in comunità terapeutica
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Secchi, E., Wührer, A. and Epis, S. (2000)
Progetto Strada: relazione sulle attività dell'inità di strada anno 1999
Dipartimento Attività Socio Sanitarie Integrate (ASSI), ASL Brescia

Serpelloni, G. (2000)
Presentazione della piattaforma multifunzionale MPF Sistema informatico per la gestione clinica ed operativa dei Ser.T. e delle comunità terapeutiche.
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Sorio, C. (2000)
Linee guida per la valutazione della prevenzione primaria: la proposta di un metodo
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Tedici; M., Carlomagno, L., Ticci, M., Erbi, S. (2000)
"Il Gruppo art. 75: un modello di intervento psico-educativo per una particolare tipologia di utente".
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Tidone, L., Campana, M. (2000)
Centralità dei meccanismi di addiction nei disturbi del comportamento alimentare.
Paper presented to the Third National Conference on the problems connected with the spread of drugs. Genoa, 28 - 30 November 2000

Ufficio Attività Giovanili del Comune di Cremona (2000)
Cremona e la sua rete: R.A.I.A. Progetto ascolto Informazione Accompagnamento
Paper presented to the Third National Conference on the problems connected with the spread of drugs.
Genoa, 28 - 30 November 2000

Zotta, M. (2000)
Le sanzioni amministrative previste dall'art. 75 del D.P.R. 309/90: Bilancio e proposte di modifica.
Paper presented to the Third National Conference on the problems connected with the spread of drugs.
Genoa, 28 - 30 November 2000

Data base and/or specific software used, Internet addresses

Italian Sites
Government Sites

Ministero di Welfare	http://www.minwelfare.it/
Dipartimento per le Politiche Sociali e Previdenziali	http://www.minwelfare.it/default2.asp
Direzione generale per le tossicodipendenze	http://www.minwelfare.ut/main/areaTossicodipendenze/tx-Struttura.asp
Ministero dell'Interno: Direzione Centrale per i Servizi Antidroga	http://www.interno.it/dip_ps/index.htm
Ministero della Salute	http://www.sanita.it
Rilevazione Attività nel Settore Tossicodipendenze	http://www.sanita.it/sanita/bacheca/tossicodipendenza/default.htm
Ministero della Pubblica Istruzione	http://www.istruzione.it
Ministero di Giustizia	http://www.giustizia.it
Statistics on adult offenders	http://www.giustizia.it/misc/STATISTICHE.HTM
Statistics on juvenile offenders	http://www.giustizia.it/misc/STATISTICHEDAP.HTM
Ministero della Difesa	http://www.difesa.it
Ministero degli Affari Esteri	http://www.esteri.it
Io Non Calo la mia Vita	http://www.iononcalo.it
Il vero sballo	http://www.ilverosballo.it
Istituto Superiore di Sanita	http://www.iss.it
ISTAT	http://www.istat.it
Punto Focale Italiano	http://www.puntofocale.it

Other national sites

Centro Italiano Sviluppo Psicologia	http://www.tossicodipendenze.net
Chiedi ad Anri	http://www.tin.it/anriucsc/anri
COMBATT	http://users.iol.it/andrea_michelazzi
Coordinamento Nazionale Comunità d'Accoglienza	http://www.cnca.it
CORA	http://www.agora.stm.it/coranet/coraita/ita-home.htm
Cost A6 Italia	http://www.iefcos.it/valuta
Federazione Italiana Comunità Terapeutiche	http://www.fict.it
Federazione Nazionale degli Operatori dei Servizi Pubblici per le Tossicodipendenze (Ser.T.)	http://www.uni.net/federsert
Gruppo SIMS	http://www.sims.it
I.E.F.Co.S	http://www.iefcos.it
ITACA Italia	http://www.itacaitalia.it
Lila	http://www.ecn.org/lila
Lottiamo insieme contro la droga	http://communities.msn.it/Lottiamoinsiemecontroladroga
Medicina delle Tossicodipendenze	http://www.medol.com/mdt
Narcotici Anonimi	http://www.na-italia.it
Nando Melillo Volontario	http://www.pegacity.it/ospedale/case/1103/index.htm
Psychomedia	http://www.psychomedia.it
La pagina Web di Riccardo C. Gatti	http://www.droga.net
Servizio Sociale su Internet	http://www.serviziosociale.com
Società Italiana Tossicodipendenze (SITD)	http://www.sitd.org

Regional Sites

Abruzzo	http://www.regione.abruzzo.it
Associazione L'ARCOBALENO Centro di Accoglienza Residenziale "La Ginestrella"	http://www.srd.it/larcobaleno/larcobaleno2.html
Centro di Solidarietà di Pescara	http://www.olografix.org/ceis
Comitato Lotta Emarginazione Droga (CLED)	http://www.seiunico.it/cled
Scuola Abruzzese di Formazione in Medicina Generale	http://geocities.com/HotSprings/Villa/3063
L'Associazione Soggiorno Proposta	http://web.tiscalinet.it/sogproposta
Basilicata	http://www.regione.basilicata.it
Calabria	http://www.regione.calabria.it
Onlus Progetto Maya	http://www.ecn.org/gramna/maya
Campania	http://www.regione.campania.it
L'Alternativa - ONLUS	http://space.tin.it/associazioni/irega

Centro di Solidarietà 'La Tenda'	http://www.xcom.it/tenda
Associazione Promocentro	http://utenti.tripod.it/promocentro
Emilia-Romagna	http://www.regione.emilia-romagna.it
Alchemia	http://utenti.tripod.it/axla/index.html
Associazione Nefesh	http://www.geocities.com/Athens/1915
Centro di Solidarietà di Modena	http://www.comune.modena.it/associazioni/ceismo
Centro di Solidarietà di Reggio Emilia	http://www.rcs.re.it/centro-solidarieta
Ritorno al Futuro	http://www.freeweb.org/volontariato/ritornoalfuturo
San Patrignano	http://www.sanpatrignano.org
Ser.T di Cesena	http://www.delfo.forli-cesena.it/AUSLCesena/sert
Unità Mobile SerT	http://www.ossdipbo.org/UMobile
Friuli	http://www.regione.vfg.it
Comunità Terapeutica per Tossicodipendenti Finisterre	http://members.xoom.it/C_Finisterre
Lazio	http://www.regione.lazio.it
ARDEA per la VITA	http://utenti.tripod.it/ARDEAperlaVITA/index-2.html
Associazione l'Arcobaleno	http://www.srd.it/larcobaleno
Centro Italiano di Solidarietà (CeIS)	http://www.ceis.it
Comunità "Massimo"	http://www.monasterolanuvio.it/inter.htm
Fondazione Villa Maraini	http://www.villamaraini.it
La Promessa - onlus	http://www.lapromessa.org
Liguria	http://www.regione.liguria.it
Centro di Crescita Comunitaria, La Spezia	http://www.infinito.it/utenti/ceislaspezia
Centro di Solidarietà di Genova	http://www.csgenova.org
Lombardia	http://www.regione.lombardia.it
Centro "Gulliver"	http://www.gulliver-va.it
Centro Terapeutico Riabilitativo Territoriale	http://www.geocities.com/MadisonAvenue/Boardroom/3307/asl.html
La comunità Casa del Giovane	http://www.cdg.it
CREST	http://www.crest.it
ECCAS	http://www.asl.bergamo.it/web/intsert.nsf/pages/Homepage
EXODUS	http://www.exodus.it
Associazione Comunità "IL GABBIANO" onlus	http://space.tin.it/associazioni/ropoten
inSERT	http://www.droga.net
Tetto Fraterno a.r.l.	http://www.pegacity.it/informa/case/4375/index.htm
Marche	http://www.regione.marche.it
"Ama-Aquilone" Cooerativa di Solidarietà	http://www.ama-aquilone.it
AVAPA	http://www.studiofabbri.com/avapa
Il Ponte, Cooperativa di Solidarietà Sociale	http://www.advcom.it/ilponte/default.htm
Molise	http://www.molisedati.it
Piemonte	http://www.regione.piemonte.it
Comunità Terapeutica Saint Jacques	http://www.freeweb.org/associazioni/saintjacques
Cyber Pupazza	http://space.tin.it/associazioni/ileoncin
Associazione Fides	http://web.tiscalinet.it/Fides
Gruppo Abele	http://www.gruppoabele.it
Gruppo "Arco"	http://www.arpnet.it/arco
Dr. Franco MORETTI	http://users.iol.it/fm_psy
Sert ASL 14 Verbano Cusio Ossola	http://www.asl14piemonte.it/Sert/index.htm
Puglia	http://www.regione.puglia.it
Cooperativa Sociale C.A.P.S.	http://caps.freeweb.org
F.A.C.T.	http://digilander.iol.it/Arpi
Gruppo SIMS SAVA (TA)	http://www.geocities.com/simssava
Sardegna	http://www.regione.sardegna.it
Associazione di Volontariato - Centro di Accoglienza "Don Vito Sguotti"	http://AssociazioneDiVolont.freeweb.org
Associazione Mondo X - Sardegna	http://web.tiscalinet.it/mondoxsardegna
Univerità di Cagliari, Dipartimento di Neuroscienze	http://vaxca1.unica.it/~saramu/new
Sicilia	http://www.regione.sicilia.it
Toscana	http://www.regione.toscana.it
Associazione Genitori Comunità Incontro	http://www.zen.it/agci
Associazione Insieme	http://www.odissea.it/coorATanas/insieme.htm
Centro di Solidarietà di Prato	http://www.comune.prato.it/associa/centsol

Fides Associazione	http://web.tiscalinet.it/Fides
Il Gabbiano	http://space.tin.it/associazioni/ropoten
Gruppo SIMS	http://www.sims.it
Trentino Alto Adige	http://www.regione.taa.it
CSDPA	http://www.irsrs.tn.it/csdpa
Umbria	http://www.regione.umbria.it
C.A.S.T.	http://www.freeweb.org/freeweb/cast
Valle D'Aosta	http://www.regione.vda.it
Veneto	http://www.regione.veneto.it
ASL Vicenza, Piani di Zona	http://www.pianodizonavi.org
CBFT	http://apf.cbft.unipd.it
Centro "Don Lorenzo Milani"	http://www.ceisdonmilani.com
Centro di Solidarietà di Belluno	http://www.sunrise.it/ceis
Evelink	http://www.evelink.org
Temerari	http://www.temerari.it
Progetto Teseo	http://www.sert2-pd-it.com

Drug monitoring system and sources of information

The main monitoring systems within Italy are operated by the Ministry of Health and by the Ministry of the Interior. Other monitoring systems provide information about drug misusers within their wider responsibilities.

The Ministry of Health collects data on the activities of the national health service managed drug treatment services (Ser.T.). The data to be provided is defined by national regulation and there are two reporting dates each year, one in June and one in December. In June and December services are required to provide some data about clients in treatment. In December each year they are required to provide additional data about clients as well as data about the treatment service itself. The data is analysed and prepared in standard format by the Health Information System of the Ministry of Health and is published in both an annual report and in the *Bollettino per le Farmacodipendenze e l'alcoolismo*. The data is also sent to the Regions.
Additionally, especially in the central and northern Regions, Regional Observatories or Regional monitoring systems have been established to collect and analyse local drug related data and to inform policy and practice. Unfortunately the systems operated by the Regions are not always compatible with each other, with the national arrangements or with European requirements. Efforts are continuing to improve the systems and develop a minimum of common standard elements.

The Ministry of the Interior, through the Central Directorate for Anti-Drug Services (DCSA), is responsible for data on drug law offences, seizures of drugs, anti-drug operations carried out by components of the Judicial Police and direct drug related deaths. Through the Central Directorate for Documentation (DCD), it is responsible for data on referrals to the Prefect for unlawful possession of a listed drug and for the twice yearly census of socio-rehabilitative services. The data maintained by the DCSA is submitted electronically through the dedicated computer network for the law enforcement agencies. It has both operational and statistical purposes. The statistical elements are generally of high quality but are not always produced in ways which meet the European requests for data. This is more related to processing procedures and historical practice. The data itself is available. The DCD data with regard to referrals to the Prefect is also submitted electronically as part of normal reporting procedures. Data on the socio-rehabilitative services is at present very limited, only covering minimal data on location, type of service, capacity and occupancy. This data is dependent upon services responding to the questionnaire and is not of high quality. The DCD is presently undertaking a project to improve the data. At the Regional level, the regulation approved by the Permanent Conference for Relations between the State, the Regions and the Autonomous Provinces in August 1999 established the minimum standards for a service to be registered with the Region and the monitoring and reporting requirements. However, exact application of the regulation is a matter for individual Regions. It is hoped that there will be improved linkage between the data collected at the Regional level and that at the national level in order that a parallel picture to that for the Ser.T. can be created for the socio-rehabilitative services.

The Ministry of Justice collects data on people accused of or convicted for an offence, on people held in the prison system and on people supervised by the probation service. This data includes information about people identified as drug dependent, about HIV status and about offence (drug law or other). The data is submitted by the relevant institution or probation service office. However, there are some problems at present with the data. There is no clear definition of dependence and the basis for an individual being assessed as drug dependent can vary from institution to institution. The data on HIV status and on decisions made concerning people who are HIV positive and displaying clinical signs of AIDS is good although again it is not clear how complete the data is. Similar problems can be found with data on juvenile offenders and with data on people serving community based sentences. Again, efforts are being undertaken to improve the quality of the data. This may occur with the greater involvement of the Ser.T. in the prison system.

The Ministry of Education has supported the ESPAD Italia survey which is to be conducted for three years from 2000 to 2002, thus creating a data set from 1999 to 2002. This is the most comprehensive national survey of drug use amongst the young population of Italy and provides invaluable data on trends.

The Ministry of Defence and the Ministry of Labour and Social Policies both collect some data concerned with drug use in the armed services and drug use in the workplace. However, this data is not collected on a scientific basis but on the basis of reports received. The Ministry of Labour and Social Policies, Department for Social Policies and Social Security, has also assumed responsibility for monitoring use of the National Drugs Fund, for the National Drugs Campaign and evaluation of the campaign, for the operation of Drogatel and for the National Drugs Observatory. These were previously within the Department of Social Affairs of the Presidency of the Council.

The National Drugs Observatory (OIDT), based within the Ministry of Labour and Social Policies, has worked with the different Ministries and with the Co-ordination of the Regions in an effort to establish improved data collection arrangements which meet European standards and which allow cross reference between data sets from different sources. Additionally, the OIDT collects data from all the sources discussed above in order to prepare the Annual Report to Parliament on the State of the Drug Problem in Italy. Through its Epidemiology section it is able to develop the data from different sources to produce estimates of drug use and problematic drug use using different indicators and calculation methods and to produce estimates at the national, regional and province levels. The OIDT is, therefore, in a position to utilise the data from a range of sources and to act as the central co-ordination point for institutional data.

Documentation and study centres are available throughout Italy. These are local or Regional facilities and data cannot easily be obtained from them at the national level. The only means of obtaining such data is when it is published in a scientific journal or presented at a major conference or included in data submitted to the Co-ordination of the Regions for inclusion in the report submitted to the Ministry of Labour and Social Policies for inclusion in the Annual Report to Parliament.

List of tables used in the text

List of graphics used in the text

Figure 20	New admissions by drug status and type of offence	Ministry of Justice
Figure 21	New admissions to prison for drug crimes by year, nationality and drug status	Ministry of Justice
Figure 22	Non-Italian referrals to the Judicial Authority by year and nationality	Ministry of the Interior
Figure 23	Quantities of drugs seized by year	Ministry of the Interior
Figure 24	Heroin seizures by year	Ministry of the Interior
Figure 25	Cocaine seizures by year	Ministry of the Interior
Figure 26	Cannabis seizures by year	Ministry of the Interior
Figure 27	Cannabis plant seizures by year	Ministry of the Interior
Figure 28	Amphetamine seizures by year	Ministry of the Interior
Figure 29	LSD seizures by year	Ministry of the Interior
Figure 30	New and existing clients of the Ser.T. by year and sex	Ministry of Health, Health Information System
Figure 31	Clients of the Ser.T. by treatment typology	Ministry of Health, Health Information System
Figure 32	Heroin related deaths Source:	Study by the Forensic Toxicologists Group of the Italian Society of Legal Medicine
Figure 33	Cocaine related deaths	Study by the Forensic Toxicologists Group of the Italian Society of Legal Medicine
Figure 34	Methadone related deaths	Study by the Forensic Toxicologists Group of the Italian Society of Legal Medicine
Figure 35	New admissions to prison by year and drug status	Ministry of Justice
Figure 36	Drug dependent prisoners by HIV status on 31.12 of each year	Ministry of Justice
Figure 37	Type of treatment offered by the Ser.T. to drug dependent prisoners	Ministry of Health, Health Information System
Figure 38	Drug dependent prisoners in treatment with the Ser.T. by type of treatment and year	Ministry of Health, Health Information System

List of maps used in the text

MAP	TITLE	SOURCE
Map 1	Percentage of Clients of the Ser.T testing positive for Hepatitis B infection by Year and Region 1997	Ministry of Health, Health Information System
Map 2	Percentage of Clients of the Ser.T testing positive for Hepatitis B infection by Year and Region 1998	Ministry of Health, Health Information System
Map 3	Percentage of Clients of the Ser.T testing positive for Hepatitis B infection by Year and Region 1999	Ministry of Health, Health Information System
Map 4	Percentage of Clients of the Ser.T testing positive for Hepatitis B infection by Year and Region 2000	Ministry of Health, Health Information System
Map 5	Percentage of Clients of the Ser.T testing positive for Hepatitis C infection by Year and Region 1997	Ministry of Health, Health Information System
Map 6	Percentage of Clients of the Ser.T testing positive for Hepatitis C infection by Year and Region 1998	Ministry of Health, Health Information System
Map 7	Percentage of Clients of the Ser.T testing positive for Hepatitis C infection by Year and Region 1999	Ministry of Health, Health Information System
Map 8	Percentage of Clients of the Ser.T testing positive for Hepatitis C infection by Year and Region 2000	Ministry of Health, Health Information System

List of Abbreviations used in the text

All abbreviations used in the text have been explained when they have been used for the first time.