
PRESIDENZA DEL CONSIGLIO DEI MINISTRI
Dipartimento Politiche Antidroga
Care
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National Action Plan on Drugs
2010-2013
Early Warning
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PRESIDENZA DEL CONSIGLIO DEI MINISTRI
Ministro per la Cooperazione Internazionale e l'Integrazione
Dipartimento Politiche Antidroga

National Action Plan on Drugs 2010-2013

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1. Foreword

From the V National Drug Conference to the National Action Plan

In order to draw up the new National Action Plan on Drugs (NAP) (which is based on and inspired by the EU's Action Plan on combating drugs for 2009-2012), reference was made above all to the findings and reports in the "Summary of the orientations expressed by operators at the V National Conference on Drug Policies", which was held in Trieste from 12 to 14 March 2009. This document provides an important starting-point to be taken into consideration in order to develop a new plan which corresponds to the emerging needs which were identified both at the meeting and institutionally, as envisaged by Presidential Decree no. 309/90 (as amended) in the drug addiction sector.
The Summary sets out the conclusions and the consequent general guidelines which emerged from the V Conference which was the most important institutional event for an exchange of experience and know-how among all the key players in the drug addiction sector: the central and regional institutions, public and private services, voluntary associations, the press, the pharmaceutical companies, etc. Each of these players brought to everyone's attention the weaknesses which are faced everyday in the services, an analysis of the problems, as well as the changes, proposals and solutions to manage the new emergencies and to propose real changes to be made in the drug addiction sector and drug-related alcoholism.
From the records of the work sessions which were held at the Drug Policy Department and from the various documents presented, valuable information and indications were drawn which helped make even more concrete the approach and commitment which, in terms of direct responsibility and competence, should be adopted.
The message which emerged most clearly from the Conference was without doubt that of rediscovering a unity of action, national coordination, greater investment and innovation in strategies and methods, but also in a system which currently appears barely focussed on and meeting new needs.

To sum up, several participants highlighted the need to redefine general national action strategies, which take the form of a realistic and sustainable Action Plan through the negotiation of three key players:

1. Central government
2. Regions and Autonomous Provinces
3. Non-government organisations and sector associations

The new National Action Plan identified the main issues and general orientation in the various environments concerned and in the existing regulatory context: prevention, care and treatment, prevention of drug-related diseases, rehabilitation, reintegration, organisation, research and training.
The Drug Policy Department, by virtue of the duties and functions which have been allocated to it, has taken on board the needs expressed by operators and by the various administrations which met in Trieste, both inside and outside the Conference, and has taken note of indications provided by the debates and detailed discussions and has shaped and integrated them into this plan.

Role of the DPD in drafting the NAP and in interministerial coordination

The Drug Policy Department was tasked with devising the methodology and technical coordination to undertake a more detailed analysis of drug-related issues in Italy, starting from the findings of the V Conference, in order to prepare the National Action Plan, also in compliance with relevant European indications. In this regard, it arranged interministerial coordination, by virtue of the role assigned to the DPD by the Prime Minister's Office, and the collection of all the indications which the various invited organisations and administrations wished to provide for drafting the Plan. All of this was in order to make the policies and strategies of the individual central governments coherent and homogenous.
The new Action Plan is conceptually structured and arranged in order to provide national indications, which are in line with European indications, to the central government and at the same time to the Regions and Autonomous Provinces.

It must be made very clear that the Regions and Autonomous Provinces maintain their complete independence in formulating local policies and strategies, as well as planning and organising their own services by virtue of the reform of Title V of the Constitution. However, at the same time the central government keeps its role of coordination and definition of national policies, by virtue of its competences and the directives from EU bodies.

It was, therefore, considered necessary to proceed with the drafting the NAP in a way which does not prescribe or dictate to the Regions, but merely offers a general guideline which it is hoped can be accepted and agreed on in transforming and realising the individual plans and regional action plans..

The National Plan, regional plans and the differing levels of responsibility: national coordination and guidelines, negotiation and local initiatives

The new National Action Plan on Drugs sees cooperation and negotiation among various key players for the creation of a strategic plan which takes account of all levels of action and intervention (national, regional, local). The aims of the DPD, which formed the basis for preparing and drafting the NAP, developed in the belief that an effective Action Plan must have two important and diversified components:

a. the component of regional guidelines (in keeping with and related to European guidelines) which are managed by the DPD and central government;

b. individual action plans of the Regions and Autonomous Provinces, which are managed by them and which should therefore have a more operational feel and help turn initiatives into reality in full compliance with their autonomous powers, should, as far as is possible and realisable, take account of the regional guidelines and of the negotiation which it is necessary to undertake when adopting these guidelines at a local level, in order to make the initiatives as similar and as effective as possible throughout Italy.

This is also done in order to guarantee as far as possible a common intent and approach which will make the fight against drugs, albeit with legitimate differences in planning, as similar as possible at least in the broad outlines and principles which unify the common intent.

Regional Plans (RP) are drawn up in order to be able to complete the National Action Plan (NAP) as an integral and vital part. The planning and organisation of local services is the responsibility of the Regions and Autonomous Provinces in keeping with their own chosen policies, even if these contrast with the National Action Plan itself, which, nonetheless, it is hoped is helpful in improving and supporting the individual policies of the Regions and Autonomous Provinces.

The DPD will subsequently arrange to collect, valorise and support these Regional Plans, by putting them forward and transferring them at European level too, so that people are really aware of how much Italy, through all the administrations involved, is doing in concrete terms for the fight against drugs.

Head of the Drug Policy Department
Giovanni Serpelloni

Chapter 1

The bases of the National Drug Action Plan

2 The ten key features of the change in the drug phenomenon over the last five years

2. The ten key features of the change in the drug phenomenon over the last five years

Foreword

The phenomenon of drug use has changed a lot in recent years and has developed features which are very different from those found no more than five years ago.
Social and cultural changes, changes in the drugs market and the appearance of new drugs, as well as the means of taking drugs and the association of different drugs have created a sharp differentiation in the general picture. Consequently, it is necessary to adapt the action models to make them more coherent and effective in regard to the new problems. Above all for cannabis and its derivatives, conditions have changed and users find themselves faced with drugs that are very different compared to those available on the market a few years ago. Just consider the new forms of cultivation with intensive methods and species selection which can produce higher concentrations of active principle. Last but not least, the appearance on the market of synthetic cannabinoids which are even more dangerous and are not familiar even to users in terms of their toxicological potential.

The changes

In order to better set out the strategic choices included in the Plan, there follows a summary of the key features of the changes found in the drug phenomenon in our country over the last five years.

1. Change in supplies

Differentiation in supply and web marketing

In recent years criminal organisations, in order to improve their efficiency and so their earnings, have specialised and differentiated their distribution network by introducing some important changes. Also the marketing of drugs has changed over time with increasing use of web marketing and multi-offer techniques, even for street-corner drug-dealing. Drug dealers tend to supply any type of drug in order to make their supply more attractive. “Baby-doses” of cocaine have been packaged and put on sale at the cost of € 10 each in order to attract youngsters and make the drug easier to buy. Mobiles phones, through the use of text messages, are becoming an increasingly common means of collecting orders from customers, as they are quick and discrete and can guarantee drug dealers greater mobility and so less chance of being identified during drug sales. The supply of drugs is wide-reaching, also thanks to the involvement of minors since they are less easy to prosecute, are part of the young “users” group and are more willing to take risks, since they are much less aware of the crime they are committing.

Multi-offer concepts

Besides this, drug dealers have adopted the concept of the multi-offer: they offer cu-

stomers all the various types of drugs which the latter might be looking for and enjoy. The offers also include promotions, gadgets and "group discounts", again with the aim of attracting more people and winning their custom. A new type of supply, which is very widespread above all among young adolescents, is that of drugs and privileged access to clubs and bars in exchange for sex. A broad and significant supply can also be found via the Internet.

Internet and smart shops

There are numerous websites which offer legal or illegal drugs, stimulants and sedatives of all kinds, drugs which are defined as "natural", in order that they are perceived to be less dangerous, as well as offering everything necessary to grow and take them. In recent years, this has been the supply method which has made most progress, with an increasingly significant turnover. According to the European Observatory, there are over 200 mind-altering drugs sold through online European drugstores, most of which (52%) are located in the United Kingdom and Holland (37%). Finally, the opening of numerous smart shops is another of the emerging phenomena in the sector. There are now hundreds of such shops open throughout Italy which sell synthetic cannabinoids in the form of "perfume diffusers" or "incense", products whose toxic effects on humans are exactly the same as those of THC or even stronger, and in relation to which cases of acute intoxication have also been recorded in Italy. In Italy these shops are found above all in Emilia Romagna (17.3%) and in Lazio (13.5%), especially in Rome (10.3%).

2. Starting age

Experimental early use and compromise of cerebral development

Despite the fall recorded in occasional users in the last year, initial experimental use of drugs is starting ever earlier, with an increasingly lower understanding of the risks and damage arising from such use on the part of youngsters who, as a factor of their age, already tend to underestimate risks and dangers. The early use of drugs also significantly interferes with the process of maturing and the cerebral development of adolescents. In fact at that age numerous neural and mental functions are being consolidated in relation both to mechanisms for learning, memorising, reasoning, coordination and systems of gratification. Last but not least, in this stage of growth, important aspects of the personality are developed and established, as well as elements of self-esteem, self-sufficiency, processes of problem analysis, decision- making, etc. Therefore, the impact which strongly psychoactive drugs can have on the already complex process of development is quite high and can provoke significant deviations and impairment in the physiological development of the brain and its functions. The neural and mental consequences arising from the sharp and anomalous stress which drugs such as THC, cocaine and alcohol can place on systems of endogenous endocannabinoids, dopamine, GABA, catecholamines, etc., are even more worrying and serious if this happens during adolescence, since they can activate and induce negative processes of anomalous cortical re-mapping, with undeniable consequences on the regular and physiological development of the brain.

Behavioural disturbances: predictive factors

Besides the above, an important aspect should also be remembered which has implications given the change in the situations of prevention measures against drugs. Scientific research has in fact shown the strong correlation between the existence of various types of behavioural disturbances and poor attention span in youngsters with greater vulnerability to addiction as an adolescent. Thanks to the new scientific evidence, the ability to diagnose these disturbances has certainly increased, as has the chance of receiving educational and behavioural training. This then enables an increase in the chances of adopting effective selective prevention measures.

3. First drugs

Alcohol, tobacco and energy drinks are increasingly the drugs which provide the first step to the taking of illegal drugs, thanks both to the ease with which they can be bought and to the manageable and socially accepted use that adolescents can make of them, an important factor above all at the start of drug-taking.

Alcohol, tobacco, energy drinks and soft drinks

Experimenting with the psychoactive effect of alcohol is very often part of growing up for an adolescent. Against this background, it should be remembered that alcohol-based drugs which are legally available are the ones that above have changed significantly over the last five years. A wide range of low-alcohol soft drinks has been manufactured and fiercely marketed. They are very sweet and flavoured to make them more appealing, above all to youngsters. Besides these drinks, we have also seen a series of drinks based on caffeine, taurine and other stimulants which have invaded the soft drink market, offering the chance to try products which can stimulate and over-excite users with drugs which are legal and perceived as safe, such as high dosage caffeine. Very often these energy drinks, which are perceived and associated with a positive concept of "energy, freedom and flight", are used in large quantities together with spirits (vodka, rum, gin, etc.), creating a mix which has extreme and varied psychoactive potential as it associates drugs which have pharmacologically opposite effects (caffeine is a stimulant and alcohol a suppressant at high doses). Once there is an initial lack of inhibition towards the natural reservations which most adolescents have about taking drugs for the first time, it is probably easier to accept riskier experimentation, using above all drugs such as THC, cocaine and amphetamines.

Smart drugs

Recently, in addition, a marked quantity of smart drugs has appeared on the market and has been sold as legal drugs in conditions and in ways which lead to perception of a low level of danger and harm for purchasers and users. Their use is often associated with a new purchasing ritual which takes place in specialist or smart shops, or increasingly via the Internet. The latter is expanding rapidly and is used above all by the younger generations who have a high propensity to use IT. Contrary to the perceptions of users, the drugs sold in smart shops and via Internet are very dangerous and much more active than the more common phytocannabinoids (Δ9 – THC). There is in fact no doubt that JWH-018, JWH-073, JWH-200 and mephedrone (the active principles of many smart drugs) are more dangerous than THC itself.

4. Social rituals in the use and means of taking drugs

Entertainment and socialising

Increasingly drugs are used periodically and occasionally when relaxing and socialising. They are also taken for their ability to create a lack of inhibition, openness to relationships and feelings of security; all factors and conditions which are much sought after and appreciated by adolescents since they are necessary to enhance their self-esteem and find a prominent role and acceptance among their peer group. Taking drugs and alcohol is increasingly associated with having fun and "being together" in playful activities and seems to be becoming a precondition which is even necessary to undertake such activities which are no longer considered "fun" if undertaken without the effect of drugs.

For some years now the main means of taking heroin has been changing from intravenous to inhalation/respiration.

Multiple drug use

The prevalent use pattern is that of multiple drug use with the sequential or simultaneous association of various types of drugs and almost always alcohol. It is now very rare for a drug user to take just one drug. Another feature found is the sharp increase in

occasional/episodic use. The section of the population who use drugs only on particular occasions (weekends, parties, when faced with very heavy workloads) is constantly increasing. The lower perception of risk and the greater social tolerance of such behaviour are jointly responsible for this change.

Economic crisis

The economic crisis too has in some way had an impact on the drugs market. Drug addicts with an illness which does not allow them to temporarily stop taking drugs have of course not reduced their daily purchase of drugs, but probably they have made more use of criminal activities and prostitution to procure the money necessary for their drugs. A reduction in purchases, on the other hand, connected to lower amount of money available due to the general crisis, may have occurred in recent months for occasional or weekend users, where drug-taking does not take the form of a compulsive need driven by abstinence connected to real addiction.

Alcohol and binge drinking

Complicating the picture is alcohol which is used in association with both stimulants and suppressants, with a prevalence between 60% and 85%. In addition, alcohol is often taken through "binge drinking" which is concentrated above all at weekends.

5. The drugs

Amphetamines and methamphetamines

In recent years we have seen the appearance of increasingly "specialised" drugs. Above all, with regard to amphetamines and methamphetamines, the market has produced new elements and combinations, especially by synthesising drugs to produce simultaneous and variously modulated stimulant and hallucinatory effects. These drugs have often been used by adolescents as their drug of initiation and in some cases have led to deaths.

Ketamine, LSD and GHB

Note should also be taken of the greater use of other drugs such as ketamine and LSD. In addition, for some years now the taking of GHB, also known as the "date rape drug", has become common to facilitate the sexual abuse of young women.

Cannabis with high active principle content

Supply has been sharply differentiated in order to satisfy the increasingly "refined" needs of users. Also for cannabis, we have seen the appearance of products with a higher active principle content and so with a greater psychoactive effect for the same quantity taken.

Synthetic cannabinoids

Alongside these products, as already mentioned, have appeared even more dangerous drugs, such as synthetic cannabinoids which initially spread quickly since they were easier to sell as they were not yet included in the Tables of drugs envisaged by Presidential Decree no. 309/90.

Cocaine

Cocaine has often been associated with drugs which prolong and enhance its effect (levamisole, atropine, etc.) but which, at the same time, represent a serious danger to the health of users.

Heroin

In addition, in Italy there have appeared particularly dangerous batches of heroin which contain a high percentage of 6-monoacetylmorphine (6-MAM) which has caused a number of drug-related deaths.

6. Social integration and "mimetic" behaviour of users

Strategies to mask use

Compared to a few years ago, drug-users tend to be more socially integrated and to maintain this status at least in their outward appearance, by adopting a whole series of expedients, precautions and forms of conduct aimed at masking their drug use from whoever in some way might criticise them for such activity. In some adolescents this behaviour is very evident, above all towards their parents with whom various strategies are adopted to avoid discovery of drug-taking. Youngsters are much better informed

that their parents about, for example, the ways of falsifying a drug test, of finding information to avoid checks, or the use of eye-drops to hide the typical reddening of the eyes after smoking cannabis, but they are also better informed about websites to consult to obtain legal information to handle any accidents, to find all the information needed to grow and manufacture drugs or, finally, where to buy synthetic urine to falsify drug tests.

Use as "social status"

In addition drug use, above all of cocaine, is perceived as having a high "social status" and in any case as being "in" with various social groups linked to the world of entertainment, finance, politics and the various modern day powers that be. This has an increasingly strong fascination and attraction, above all for the younger generations. The consequent emulation is often seen more as social conformity rather than as a non-value.

Attitudes of tolerance

Over time a certain tolerance towards drug use has become more and more explicitly apparent and is often voiced by various social opinion leaders and emphasised through the media, even if recently this attitude has partly been changing. This leads to the affirmation, above all among the younger generations, that "when all is said and done" there is a chance of using these drugs without then having to suffer recriminations from society, or they could even be a gateway to success. In addition, it is common knowledge that where such socio-environmental conditions appear there is a greater tendency to drug use at a young age, with drug use seen as "ordinary and normal", since it is mistakenly perceived as being low risk and as accepted and acceptable behaviour.

7. Access to forms of treatment

Earlier access

In recent years we have seen, in particular in the group of users who inhale or smoke heroin, earlier access to treatment services compared to users who took heroin some years ago by injection. Currently, treatment services are being approached after six months to a year from the start of drug-taking, at the same time as the first appearance of the withdrawal syndrome which is met with surprise and concern by users. In fact one of the most commonly reported factors which motivates people to turn to treatment services has been the appearance of the withdrawal syndrome and the awareness that a form of addiction has taken root. Often, in fact, the belief was reported that if heroin is inhaled or smoked, it does not create addiction. In this case, patients show greater maintenance of their social and physical condition. There has been a big change in the percentage of female patients in services, above all for heroin, rising from an average of 20% a few years ago to around 40% today, as has been recorded in some services.

Increase in patients aged 18-24 who use cocaine

Note should also be taken of young patients, above all in the 18-24 age group. In addition, over time we have recorded an increase in patients who use cocaine, often associated with other drugs and alcohol, and who adopt an aggressive attitude and behaviour, sometimes also towards operators.

Increase in patients with mental disturbances

In consideration of the higher use of cannabis, both in terms of the number of users and in terms of the frequency of use, admittances have increased for users of this drug in relation above all to the appearance of psychiatric dissociative disturbances. This increase in the phenomenon has been found above all among young users.

Reduction of the incidence of seroconversion

As for drug-related infectious diseases (HIV infection, hepatitis, etc.) we may note a reduction in the incidence of seroconversion, so there is less injection of drugs but, at the same time, an increase in sexual risk linked to promiscuity in unprotected intercourse.

Amphetamines, alcohol and multiple drug use

Access to services by users of amphetamines or methamphetamines remains low, while note should be taken of the constant increase in alcoholism and multiple drug use for which it has been necessary to implement integrated therapy protocols. In addition, many young women have ended up in treatment for cocaine, following the use of this

drug in the hope of an anorexic effect. An important change in the choice and acceptance of the various treatments by patients has been that concerning the great difficulty, or even refusal, of medium/long-term residential treatments. This has often led to an increase in substitute pharmacological therapies for people who could have used residential courses for a better, albeit more demanding, course of treatment.

Foreigners and checks by the police

In recent years we have also seen an increase in foreign drug users, both from North Africa and the countries of Eastern Europe. Finally, in recent months there has been an increase in admittance for people found through police road checks or through drug tests for workers with at-risk duties.

8. Resources available

Lack of human and financial resources

The availability of human and financial resources for the fight against drugs, above all at the level of the individual Regions, in consideration of the expansion of the phenomenon, has in fact and unfortunately been decreasing over recent years. Overall regional spending is estimated at around 1 billion euro per annum, although it is not possible to quantify it exactly due to the difficulty in some Regions of breaking down the budget. Besides this, the commitment of the resources is largely directed at treatments which increasingly, also due to patients ageing and their condition becoming chronic, are aimed at stabilising the addiction through the use of substitute drugs.

Failure to apply the State-Regions Agreement and autonomy of Addiction Departments

Many local healthcare organisations, at the level of individual hospitals, in addition have not seen in recent years the correct application of the State-Regions Memorandum of Understanding relating to the activation of Addiction Departments in a structured form, thus creating a weakness also in their operation and in the response to local needs. In fact, it is clear that a higher level of responsibility for Departments, with their own operational independence, also creates an incentive for a higher level of specialisation and staff motivation. On the contrary, we have found a situation of disadvantage in those Regions where Addiction Departments have not been activated and made independent, but are inserted, or perhaps more accurately, "absorbed", into Mental Health Departments, or have been deprived for their specialist function and strong technical-scientific coordination, by including Treatment services within healthcare districts.

9. Tools and systems for monitoring the phenomenon

National Early Warning System

For around two years there have been available new tools to oversee the appearance of new drugs and new methods of drug-taking which make use of the National Early Warning System of the Drug Policy Department, which is linked to a network of laboratories and emergency structures (cooperative centres) which can record both the bio-toxicological features of the appearance of new drugs and the clinical-toxicological features at emergency wards.

National Observatory

Besides this, a specific National Observatory has been created which can supplement the data from the various central administrations (Ministry of Health, Ministry of the Interior, Ministry of Justice, Ministry of Infrastructure and Transport, Ministry of Education, University and Research, etc.) so as to enable a better and more timely understanding of the phenomenon.

Procedures for listing drugs

In addition, quicker procedures have been finalised in relation to the possibility of identifying and including those drugs which have not yet been included in the Tables envisaged by Presidential Decree no. 309/90.

International activities

In this sector there has also been an increase in international activities, both in terms of drug policies in the healthcare sector and in terms of initiatives to coordinate action

against drug-trafficking and dealing. This has enabled greater contact with other European and international organisations and has provided opportunities for cooperation which have improved the Italian system.

10. National policies and fragmentation of regional initiatives

Need for national coordination

During the V National Conference in Trieste all the participants often stressed the need to restore and coordinate drug policies at a national level. It is common knowledge that after the reform of Title V of the Constitution and the transfer of responsibility for healthcare to the Regions and Autonomous Provinces there has been a differentiation in the systems and initiatives as part of the fight against drugs and addiction. Although acknowledging the need and case for regional independent powers, it is, however, impossible to gloss over the large diversity in current regional systems which leads to a weakening of concrete actions in the various territories by virtue of the sharp differentiation and a lack of central control over the application of those indications which, in coordination with the European Action Plan, can and must be implemented in the National Action Plan and in individual Regional Plans. Often, in these last two years, political in-fighting between some Regions and the central government, which should have nothing to do with fight against drugs, has played a sometimes paralysing role in the work to integrate initiatives, and the Regions with responsibility for technical coordination and negotiation between regional and central administrations unfortunately have not carried out this role in a balanced and constructive way, sometimes adopting a role which is more of conflict and political opposition than negotiation and mediation, despite repeated attempts at encouraging reconciliation and participation by the Drug Policy Department. It must be hoped that in the future new forms of cooperation can be found which are operational, and not merely bureaucratic, in programs to be undertaken always and obligatorily (as has often been requested) exclusively within the State-Regions Conference, in order to make action more effective and coordinated throughout Italy, exactly as happens in other European countries where regional policies are strongly represented and present (e.g. Spain and Germany), without this leading to the negation of the need for and acceptance of national coordination undertaken by government institutions which represent the country also at European level.

Conclusions

The aim of the above summary, albeit in a reduced form, was to highlight the main elements which have been a feature of the changes in the drug phenomenon in Italy over the last five years, above all in terms of healthcare aspects and the trend in the supply and use of drugs, in order to be able to introduce and inform the understanding of the following chapters with a more up to date picture of the development of the phenomenon. In fact, we feel it is important to understand the general context, even if in summary form, as the background for the inclusion of prevention and treatment initiatives in relation to the use of cannabis and alcohol abuse. This is in consideration, above all, of the fact that these drugs are the most frequently taken and available among young people, especially as gateway drugs and that psychiatric disturbances are increasingly being recorded in relation to their use.

Chapter 1

The bases of the National Drug Action Plan

3 European indications

3. European indications

The Italian Action Plan is based on and inspired by the European Action Plan which was unanimously adopted by the Council of the European Union. This plan was issued as part of the drug strategy which the European Union established for the period 2005-2012[1] .

The aforementioned strategy envisages the preparation of two consecutive four-year actions plans. The first action plan (2005-2008)[2] identified over 80 initiatives seeking to coordinate the most important public action areas in the fight against illegal drugs. At the end of the first European Action Plan an assessment and mapping were carried out of the first three-year period of application of the Plan by each member state. This highlighted the positive elements which had been a feature of the drug strategy in the established period, and other elements which, on the contrary, indicate a failure to take action and which were linked above all to the limited involvement of civil society and to the lack of coordination. Knowledge is patchy and in particular there is limited data available relating to the supply of drugs. The second Action Plan, relating to the period 2009-2012, focuses on reducing the demand for drugs and cutting supply and addresses the three cross-cutting themes of coordination, international cooperation and information, research and assessment. Thus the new European Action Plan identifies the following priorities:

1. Improve coordination and cooperation and bring the issue to the attention of the public
2. Reduce the demand for drugs
3. Reduce the supply of drugs
4. Improve international cooperation
5. Improve understanding of the problem

Here below are set out the action areas, the main priorities and the related objectives from the European Action Plan.

1 15074/04 CORDROGUE 77 SAN 187 ENFOPOL 187 RELEX 564.

2 GU C 168 of 8.7.2005, page 1.

Area	Main priority	Objectives
1. Coordination	Enhance the effectiveness of the strategy in terms of development and implementation.	1. Ensure that a balanced and integrated approach is reflected in national policies and in the EU approach towards third countries and in international fora 2. Ensure effective coordination at EU level 3. Ensure effective coordination at national level 4. Ensure the participation of civil society in drugs policy
2. Demand reduction	Reduce the demand for drugs, and the health and social consequences of drug use by improving the coverage, quality and effectiveness of services of prevention, treatment and harm reduction	1. Prevent the use of drugs and the risks associated with it 2. Prevent high risk behaviour of drug users — including injecting drug users — through targeted prevention 3. Enhance the effectiveness of drug treatment and rehabilitation by improving the availability, accessibility and quality of services 4. Enhance the quality and effectiveness of drug demand reduction activities, taking account of specific needs of drug users according to gender, cultural background, age, etc. 5. Provide access to health care for drug users in prison to prevent and reduce health-related harm associated with drug abuse 6. Ensure access to harm reduction services, in order to reduce the spread of HIV/AIDS, hepatitis C and other drug-related blood-borne infectious diseases and to reduce the number of drug-related deaths in the EU
3. Supply reduction	A measurable improvement in the effectiveness of law enforcement in the field of drugs at EU level. Europol, Eurojust and other EU structures to fully exercise the respective roles for which they were created, in the interest of efficiency, EU compatibility of national initiatives, intra-EU coordination, and economies of scale	1. Enhance effective law enforcement cooperation in the EU to counter drug production and trafficking 2. Enhance effective judicial cooperation in the area of combating drug trafficking and law enforcement as regards production, trafficking of drugs and/or precursors, and money laundering related to this traffic 3. Respond rapidly and effectively at operational, policy and political levels to emerging threats (e.g. emerging drugs, new routes) 4. Reduce the manufacture and supply of synthetic drugs 5. Reduce the diversion and trafficking in/via the EU of drug precursors used for the manufacturing of illicit drugs
4. International cooperation	Improve the effectiveness of EU cooperation with third countries and international organisations in the field of drugs through closer coordination of policies within the EU. Promoting the consistent projection worldwide of the European balanced approach to the drugs problem	1. If possible, systematically include EU drug policy concerns in relations with third countries and regions where appropriate and within the broader development and security agenda. To do so on the basis of strategic planning and coordination between all actors concerned 2. Promote and implement the EU approach to alternative development (as defined in document 9597/06 CORDROGUE 44 and UNODC/CND/2008/WG.3/CRP.4) in cooperation with third countries, taking into account human rights, human security and specific framework conditions 3. Strengthen EU coordination in the multilateral context and promote an integrated and balanced approach 4. Support the candidate and stabilisation and association process countries 5. Improve cooperation with European Neighbourhood Policy countries
5. Information, research and evaluation	Improve the understanding of all aspects of the phenomenon of drug use in order to expand the knowledge base for public policy and raise awareness among citizens of the social and health implications of drug use, and to carry out research	1. Expand the knowledge base in the field of drugs by promoting research 2. Ensure the exchange of accurate and policy-relevant information in the field of illicit drugs 3. Further develop instruments to monitor the drug situation and the effectiveness of responses to it 4. Ensure the ongoing evaluation of drug policy

Chapter 2

The new National Drug Action Plan

Chapter 2

The new National Action Plan on Drugs

4 The NAP framework

4. The NAP framework

Methodological principles

In drafting the new National Action Plan on Drugs account has been taken of the context in which the initiatives will have to be carried out. So, before outlining the plan it is necessary to analyse four variables:

1. The economic and social situation;
2. The institutional arrangements;
3. The financial situation of the public system;
4. The scenario of the global and local drugs market.

In formulating the possible intervention model, besides analysing the four variables above, it is necessary to consider that there are three elements involved in the drug problem which significantly interact: the individual, the social-environmental context in which they live (family, school, work, peer group etc.) and the various drugs which can interact with that person, the ability of the drugs to make the individual addicted and produce harm. Therefore, the intervention models must be systemic and take account of these three essential elements.

The four main elements of the NAP

The National Action Plan on Drugs envisages the simultaneous development of four elements: a National Action Plan (NAP – strategic indications), individual Regional Plans (RP), guidelines and National Projects to support the Plan. The collection of these four elements will form the concrete action plan which of necessity, in order to be effective, must set out the general strategies through the listing of the objectives and initiatives, as well as the organisations delegated to their realisation and the outcome indicators, but at the same time must follow the individual regional plans with, as far as possible, a quantification of the dedicated resources. Besides this, guidelines are envisaged for the main areas and a series of National Projects to support the NAP which will involve numerous operating units.

Figure 1: Elements of the NAP.

1. **Action Plan: contains all the general strategic indications divided by action areas together with objectives, initiatives and assessment indicators. This part also takes account of the European indications and has as its main objective that of being able to create a series of initiatives that are coordinated throughout Italy.**

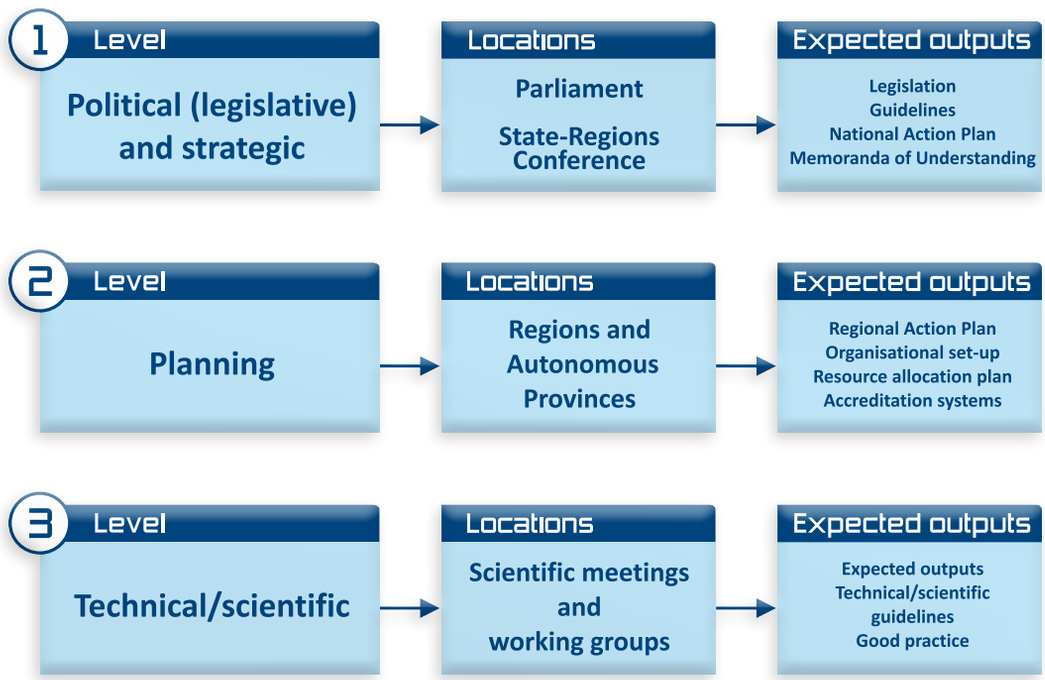
2. **Individual Regional Plans: on the basis of the NAP, the Regions and the Autonomous Provinces can define individual Regional Plans or redirect their current plans, by taking account of the national strategic indications and at the same time of their own planning guidelines. The drafting of these plans, completion of which is the responsibility of the individual Regions and Autonomous Provinces, will represent the conclusion and real coming into operation of the NAP.**

3. **Technical and scientific guidelines: this is a collection of methodological publications which clarify in even greater detail how to realise the initiatives, by providing technical elements for the various areas in the form of operating guidelines. An initial collection of guidelines has been finalised which will gradually be implemented and updated on the basis of the new emerging needs and the latest scientific updates in the various action areas.**

4. **National Projects to support the NAP: to provide concrete support to the Plan, numerous National Projects have been activated in the various intervention areas which are considered a priority, with strong central coordination and which tend to the creation of cooperation networks among both national and international organisations. This project plan is already active and in line with the NAP and will cover the activities for 2010-2011 and can be renewed and implemented, on the basis of the financial resources which are defined annually.**

The realisation of the new NAP is, therefore, developed vertically through three different levels of planning which involve a range of key players for each level on the basis of the various responsibilities and institutional duties. Each of these has various levels of discussion and competences, and the expected outputs from them are different, as can be seen from the model below:

Figure 2: Planning levels of the NAP.

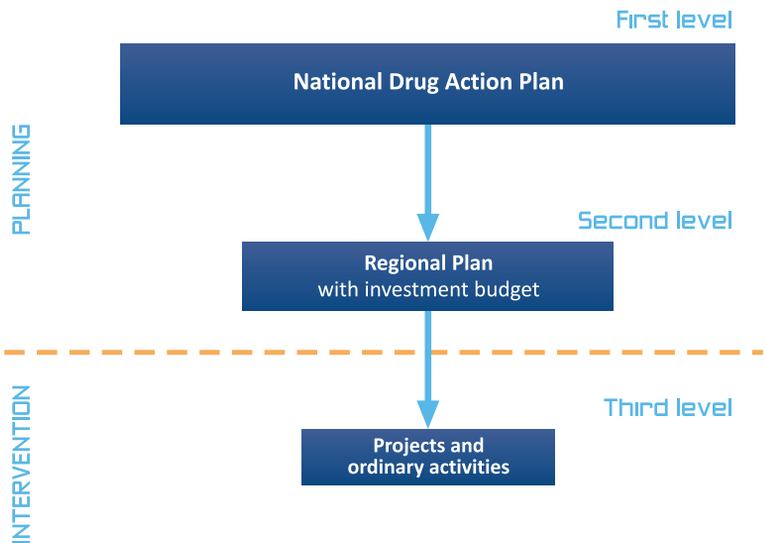


The realisation and implementation of the NAP in order to turn the guidelines contained therein into concrete initiatives precedes three subsequent levels of action which should therefore take the form of another three documents:

1. The National Action Plan on Drugs;
2. Regional Plans with investment budgets and regional projects;
3. Ordinary activities and project activities relating to prevention, treatment and rehabilitation, as envisaged for people with drug-related problems and provided by the public services of hospitals, also through non-profit organisations.

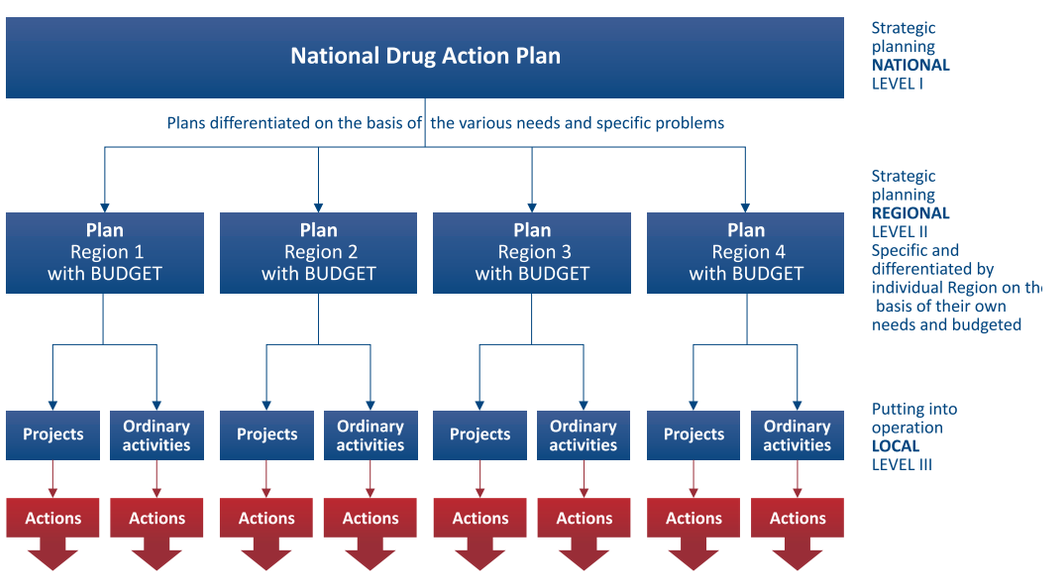
The strategic National Action Plan on Drugs should then be followed by “Regional Plans” which are tailored to the needs and features of the drug phenomenon of the individual Regions and Autonomous Provinces, together with a specific budget broken down into projects and strategic indications, to direct ordinary activities in keeping with the NAP as far as possible.

Figure 3: Micro-levels of activity.



It is, therefore, expected that Regional Plans be defined and differentiated into actions on the basis of quantitative needs analyses to objectively show the extent of the problem and the variation compared to the national trend which makes it significant for the area in question. The initiatives which will be defined should take account of the fact that the problem, in order to be handled effectively, must be brought into line with the general strategies of the NAP and, subsequently, broken down with local concepts, thus differentiating the responses while maintaining standardisation and coherence in the organisation of services. Therefore, the various underlying offers must also be differentiated by making them specific to the emerging needs and phenomena with ad hoc projects. This model is developed vertically and each level corresponds to a different organisational level, as illustrated in the models below.

Figure 4: Model of action levels.



Chapter 2

The new National Action Plan on Drugs

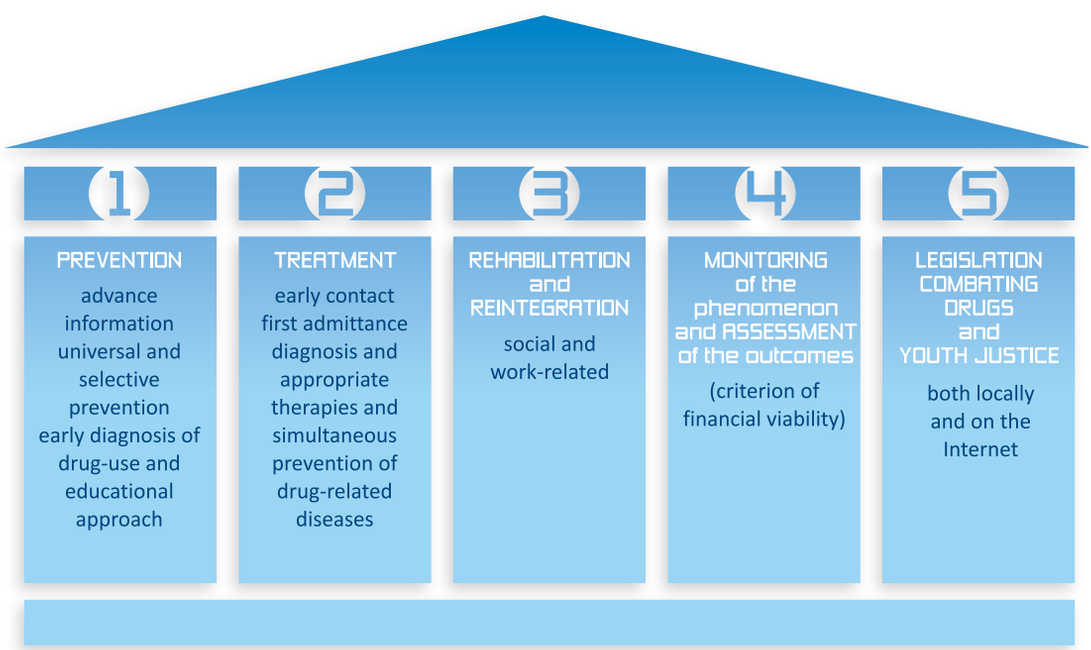
5 The action areas

5. The action areas

The new National Action Plan is conceptually divided into 5 main action areas:

1. **Prevention** – advance information, universal and selective prevention, early diagnosis of drug-use and educational approach;
2. **Treatment and diagnosis of drug addiction** – early contact, first admittance, diagnosis and appropriate therapies and simultaneous prevention of drug-related diseases;
3. **Rehabilitation and reintegration** – social and work-related;
4. **Monitoring and assessment** – criterion of financial viability;
5. **Legislation, combating drugs and youth justice** – both locally and on the Internet.

Figure 5: Action areas.

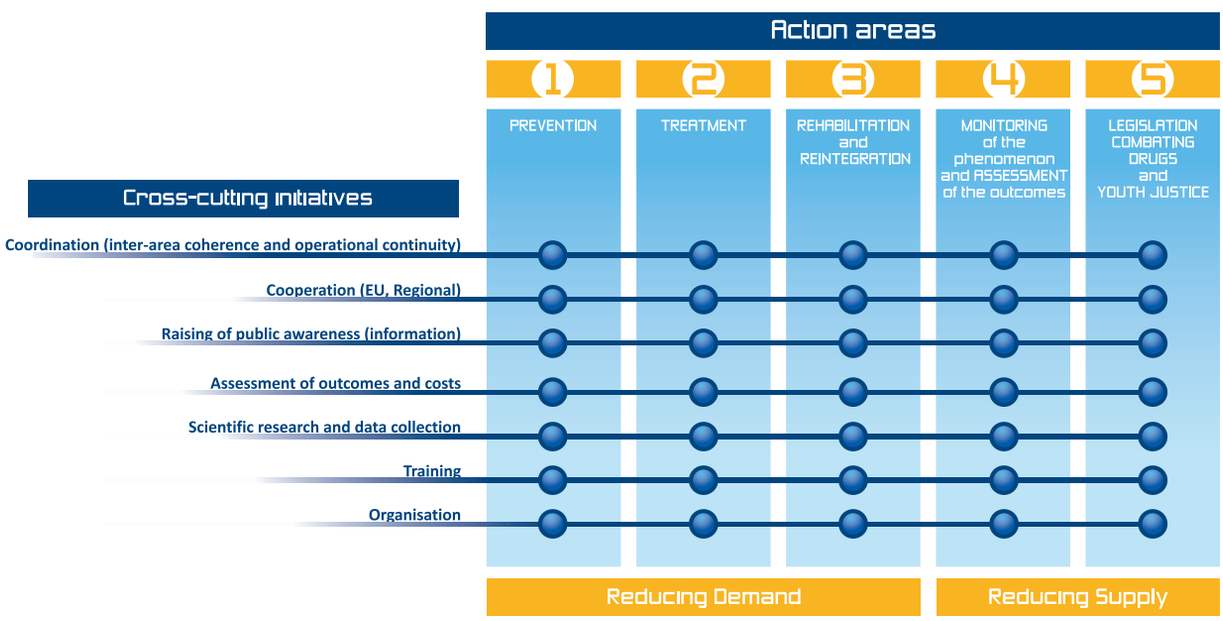


For each of the five areas there is envisaged a series of cross-cutting initiatives relating to coordination, cooperation, raising public awareness, assessing results and costs, scientific research and collection of data, training and organisation, in accordance with the model below. The five areas indicated are grouped together in two macro areas:

1. **Reducing demand:**
   Prevention, Treatment and Diagnosis, Rehabilitation and reintegration;
2. **Reducing supply:**
   Monitoring and assessment, Legislation, combating drugs and youth justice.

Each of the five action areas envisages a series of cross-cutting initiatives relating to coordination, cooperation, raising public awareness, assessing results and costs, scientific research and collection of data, training and organisation, in accordance with the model below. These cross-cutting initiatives provide indications which should be followed for each of the action areas in order to improve the general effectiveness of the Plan.
For each area of intervention the individual cross-cutting actions have a differing sense both in terms of the contents to be followed and in terms of the key players involved in these initiatives, but it is necessary to develop cooperation, awareness-raising, assessment, scientific research, etc. of all the action areas, to provide a strong and coordinated push to the whole plan.

Figure 6: Action areas and cross-cutting initiatives.



Chapter 2

The new National Action Plan on Drugs

6 Guidelines and general principles (Statement)

6. Guidelines and general principles (Statement)

Foreword

1. The European Action Plan for the fight against drugs provided a series of important indications which formed the basis for drafting this plan. Besides this, during the V National Conference on Drug Policies held in Trieste in March 2009, the operators of Addiction Departments (Treatment services and Therapeutic communities), Central government, Regions and Autonomous Provinces, and Local authorities drew up precise guidelines and directions for the realisation of strategies and concrete initiatives for the next three years. The detailed analysis that was agreed among the various key players triggered a series of reasoned and expert considerations[3] which formed the binding basis for the preparation of the National Action Plan (NAP). A further source of strategic information was the CND – Commission on Narcotic Drugs 2010 of the United Nations, which further consolidated some strategic information which was taken up, processed and adapted to the Italian situation.

The bases of the NAP: 1. The European Action Plan 2. The V Conference on Drugs 3. The indications of the CN

2. Subsequently, thanks to cooperation with various organisations[4] an even more detailed analysis was prepared of the problems linked to drug use, drug-trafficking and dealing in Italy and of the various causes which can help this phenomenon grow. This analysis was then divided into 5 summary sheets, one for each action area of the Italian Action Plan. In this way an information base was created on the phenomenon which enabled the drafting of this plan.

The agreed analysis

3. The realisation of the NAP took account of the indications contained in the European Action Plan[5] and of its methodological notes, besides the contents.

The European Action Plan

4. This document, therefore, represents the collection of the general guidelines and principles to which the various administrations and organisations, which operate in whatever role in Italy as part of the fight against drugs, should aspire in order to coordinate and better fund their own plans and activities as part of an Italian and European framework. This framework, as for all the other European states, must of necessity be coordinated and be coherent in terms of intent and action throughout Italy in order to be really effective.

5. In relation to the sharp differentiation in actions and strategies at the level of the individual Regions by virtue of their independence in planning and taking action, it is worth recalling that drugs, and the criminal organisations which control them, certainly do not

Coordination and limits

3 Summary of the orientations expressed by operators at the V National Conference on drug addiction.

4 Ministry of Health, Ministry of the Interior, Ministry of Justice, Ministry of Education, University and Research, Ministry of Foreign Affairs, Ministry of Infrastructure and Transport, Department of Youth, Department of the Family, Regions and Autonomous Provinces, Acudipa, Ceis, Conosci, Edu.Care, Erit Italia, Federserd, Fict, Fondazione Exodus; Gruppo Abele, Gruppo Valdinievole.

5 European Action Plan on the fight against drugs 2009-2010 (2008/C 326/09).

respect regional, provincial or town boundaries, and nor do the infectious diseases connected to the use of these drugs. In essence, it should be recalled that drug-dealers and drug-traffickers probably do not know, and certainly do not respect, the geographical boundaries of Italian regions and do not recognise the competences and independent powers of the various territories. Therefore, it is necessary to rediscover and maintain in the future a unity of intent, within a system of national coordination that was frequently and strongly requested by the V National Conference in Trieste. Recognising this means accepting the wishes of the professional community and the voluntary sector which, first, highlighted the great differentiation among the various existing regional systems and the problems arising from that, and, secondly, asked for this fragmentation to end and be resolved with real and effective coordination.

Going beyond

6. It is, therefore, necessary to go beyond the old models of split planning and of organisations whose actions are not coordinated. It is necessary to introduce innovative principles and rediscover, above all, a common form of action, free from ideologies and bias.

Professional staff and competent and responsible organisations

7. To make a real change in Italy, it will be essential to increasingly emphasise the necessity that those who carry out coordination, planning, formulation of strategies and national project development, are competent professionals who have technical and specialist training which is adequate for their institutional role and for the duties which they are called on to carry out and who can cover appropriate levels of responsibility and who possess a corresponding and adequate professional position. It is time that Italy too comes into line with what happens not only in Europe but internationally, where some time ago the concept of "the political appointment" regardless of their real technical and scientific skills and their professional level of responsibility was abandoned. Instead they have recognised the need, thus also ensuring the very survival of the system, to value and promote real professionals in the sector who can handle the problem on the basis of their professional training, awareness and proven sense of equity and, above all, their ability to create cooperative networks and coordinated project development and who have an institutional level which is sufficient to permit them to take full responsibility for their decisions and actions.

General principles of the NAP

Protecting future generations

8. As and in agreement with what happens in all the European states, the drafting of a National Action Plan arises from the overriding need to draw on indications for the definition of action against drugs in order to protect the country from the tragedy of drug addiction and alcoholism deriving from the use of drugs and abuse of alcohol, recognising that this, in Italy as in all the other European states, is essential for the coordinated and effective handling of the problem of the spread and use of drugs and the abuse of alcohol.

An integrated and balanced approach

9. Italy, as other European states, has made a commitment to respond to the problem of drugs through an integrated approach which combines both reducing the demand and supply of drugs on the basis of the principles of shared responsibility and proportionality and which are fully in line with the essential principles of the dignity of all those who are affected by the global problem of drugs, including drug addicts, and in full respect of the essential freedoms and rights of mankind. In this regard, however, it must be rei-

terated that Italian legislation, and above all the ethical principles which underpin the initiatives for prevention, treatment and rehabilitation, do not recognise as a right of the person the "right to take drugs", due to the unarguable damage to health which this can cause and to the negative consequences towards others who are in contact with drug-users, and due to the very serious social losses which this causes.

No to discrimination and stigmatisation

10. On the other hand, it is necessary to identify early and fiercely fight all the possible forms of discrimination and stigmatisation against those who are drug addicts or who abuse alcohol, and instead favour their early access to treatment, rehabilitation and reintegration into society and work.

Coordination as a key element

11. An approach which it is intended to adopt by following indications from the European Union is thus integrated and multidisciplinary and is focussed on two main action areas: reducing demand and reducing supply. Besides this, other cross-cutting themes have been identified: cooperation, since the global nature of the drug problem requires regional, national, European and international approaches; coordination, as a key element to establish and conduct a successful drugs strategy; finally, research, information and assessment with a consequent improved understanding of the drug problem and the development of an optimal response to it, including clear indications regarding the merits and faults of the initiatives adopted.

Reducing drug use

12. So the Italian strategy aims to reduce drug use in the country above all through prevention activities and, at the same time, to create and maintain better conditions for the treatment and rehabilitation of drug addicts. For this it is necessary to increase the commitment in the shortest time possible to reducing demand and, at the same time, keep a high level of focus on fighting supply through action against criminal organisations dedicated to the trafficking and dealing of illegal drugs and laundering money from such activities.

Balancing interventions

13. The need is recognised to make a balanced investment in prevention, treatment, recovery and, at the same time, also in the system of administrative penalties and penal justice in relation to drug-trafficking and dealing.

A balanced approach

14. This balanced approach requires the coordinated and complementary contribution of work on prevention, treatment, reintegration into society and work, and the simultaneous application of the law and of enforcement initiatives.

Coordination and cooperation for a unity of intent

15. To achieve this objective, coordination and cooperation is necessary among all the central bodies, the Regions and the Autonomous Provinces and the Local authorities, with a level of commitment that cannot allow divisions, fragmentations and lack of control in strategies and concrete actions, or it will in reality impede or compromise the fair, appropriate and high-quality initiatives and programs regarding prevention, treatment and rehabilitation for drug addicts and particularly vulnerable young people. Besides this, a lack of unity in intent and action could also result in delivering the destiny of Italy into the hands of the criminal organisations which manage drug-trafficking and dealing. In fact, unless effective initiatives are adopted to reduce demand, supply will find increasingly fertile ground in which to grow and develop its organisational structure.

A commitment by all

16. The fight against drugs must therefore find the constant and global involvement of all the elements of the civil society and administrations involved and responsible, in whatever form, for the health of citizens.

Scientifically oriented programs

17. The NAP is part of this general strategy and aims to highlight the need for it to be based on scientifically-oriented and balanced programs which are focussed on cooperation among all the public and private elements which, in whatever form, are required to provide a response to the drug problem in Italy.

Prevention

Priorities

18. Prevention must be considered as a priority and essential in order to reduce the demand for drugs.

Always dangerous and damaging

19. All drugs must be considered dangerous and damaging to the mental, physical and social wellbeing of the individual and have a high potential for turning negative and compromising the mental and physical integrity of people and their harmonious presence in society.

Attention on multiple drug use

20. Prevention activities must be structured in light of the consideration that multiple drug use (involving various types of drugs, alcohol and tobacco) is now the prevalent form of drug-taking.

Permanent interventions on specific groups

21. Prevention activities must be particularly supported and maintained over time in order to guarantee the community and in particular young people and especially vulnerable social groups and their families (adolescents with behavioural problems, delinquent minors, the homeless, prisoners, prostitutes, pregnant women, immigrants, etc.) with healthy and safe environments which are as far as possible free from drugs.

A public health problem with a strong social impact

22. In order to orient our actions appropriately, it is necessary to consider the spread of drug use also as a public health and safety issue which can potentially undermine the bases of civil society, its stability and its future development.

Risk awareness

23. Initiatives to promote and protect health must therefore be directed against the use of all the drugs which can interfere with people's normal neural and mental functions. The aforementioned initiatives must, therefore, aim to make the person not only aware of the risks and damage arising from the use of drugs, but must also, and above all, propose better forms of conduct and lifestyles in order to avoid such events. The above initiatives should be extended to all pathological addictions, such as for example pathological gambling which is a form of addition without drugs.

Drug use as a non-value

24. Therefore, drug use must be considered and communicated as a form of "inadequate behaviour, which is to be avoided since it puts the person's and others' health at risk, as well as their overall mental and social integrity" and must be considered for the person as a "non-value and not a positive value". Thus it is behaviour to certainly be avoided or, if it exists, to be abandoned in order to realise the individual's full worth.

Clarity in communication

25. Social and environmental communication in prevention campaigns must set out in a constant, objective and understandable way all the damage and risks arising from the use of drugs and the absolute good sense in avoiding drug-taking but, at the same time, alternative lifestyles must be proposed and promoted which are gratifying right from earliest childhood. In this regard, it is necessary to support and enhance the role and responsibility of the family (parenting role) and of the school (educational and training role).

Prevention as a long-term investment

26. Prevention is the winning solution in which to invest in the short, medium and long term, in a permanent and continuous way. This is also in consideration of the fact that there is the overriding need to promote and protect above all the mental and productive potential of the young generations.

Vulnerability, risk factors and protective factors

27. From scientific research in Italy, Europe and also internationally, various risk factors have been identified which can create a state of greater vulnerability to developing an addiction. Some of these risks are genetically determined, others, which are equally important, are connected to the psychological, educational and socio-environmental sphere of each individual. In the same way, factors which protect the individual from the risk of having contact with drugs and from addiction have been identified, including, first of all, parental care, a school and social environment which is strongly oriented to nurturing and to drug policies, educational models designed to heighten the worth of the individual and their abilities and creativity but, at the same time, in compliance with the rules. These factors act above all during the first period of life (aged 0-20) and are those which can condition the cerebral and behavioural development of the individual.

An integrated and balanced approach

28. Scientific studies have shown that cerebral development in adolescents usually ends at around the age of 20 and that, in this period, there is a sharp sensibility to drugs. Drugs themselves produce significant disturbances in the harmonic development of the cognitive functions and in the neuro-biological systems responsible for checking behaviour and important systems of mental functions, such as those for gratification, memory, and learning, decision-making and judgment. These studies have also shown that the age range from 0 to 20 sees the development and consolidation of particular projections and nervous connections between some important structures responsible for activating emotional reactions (the limbic system) and other structures of the upper brain, which regulate and control such impulses and reactions (prefrontal lobe). Perfect cerebral development thus entails the appropriate maturation of these connecting systems which will be those which can guarantee a good and correct functional relation between emotions and the will, creating that equilibrium which is necessary for a normal and gratifying social life based on relations with peers, with the right balance between emotional impulses and self-control and responsibility for behaviour. Then the scientific studies showed that drug addiction changes the brain structurally and functionally and that such changes remain in the long term even after suspending drug-taking, creating conditions for the risk of relapse and dysfunction in normal neuro-cognitive processes. For these reasons the planning of prevention initiatives must take into serious consideration studies on the effects of drugs on the brain during the whole period of its development.

Towards selective prevention

29. As part of the concrete initiatives, the studies also showed that selective prevention campaigns targeted at small groups are more effective, and should be aimed above all at particularly vulnerable groups of young people and should at the same time involve their parents and teachers, and pay particular attention to the youngest with early behavioural disturbances.

30. It is necessary to stress and place value on the fact that in this type of prevention the existence and use of an approach and methodologies with an educational and psycho-behavioural orientation play a decisive role and strongly condition their effectiveness. These initiatives have also shown themselves to be more sustainable compared to universal and non-specific initiatives.

Valorising the educational approach

31. The most important educational agencies in this regard are the family and the school, where most young people can receive adequate educational and training support. It is necessary to strongly support these two elements with specific and concrete actions. Besides this, it is necessary also to guarantee coherence in messages and attitudes in the two sectors which at times are not perfectly attuned in terms of intent and action.

Family and school

32. For some years we have seen the lowering of the age of first drug use and this entails the need to increasingly bring forward the start of preventative work by introducing such programs as early as primary school age.

Early action

33. Cannabis continues to be the most commonly used drug and often the first drug taken by adolescents who have subsequently become addicts or who have started to use drugs such as cocaine and heroin. The role of cannabis as a "gateway" drug in people who have factors of vulnerability to addiction is proven and it is therefore essential not to underestimate the risk related to the use of this drug which is still mistakenly and superficially considered as "light".

Cannabis and its derivatives: dangerous drugs

34. The serious delay in diagnosis which has been found in relation to drug use and/or addiction in young people entails not only serious medical consequences, but also mental and social consequences for the individual. It is therefore necessary to focus on this aspect with specific programs of early diagnosis, right from the first and occasional use, on minors with the active and direct involvement of parents and of all the educational agencies with which young people come into contact (school, sports associations, etc.).

Delay in diagnosis and the need for early action

35. Therefore, a decisive factor in preventing the development of drug addiction, which has so far been greatly undervalued and underused, is the possibility of early detection of drug use by minors in order to be able to start early therapeutic treatment. Epidemiological studies have shown that there is a long period of time, with continuous exposure to risks and cerebral damage of drug users, between the time of first use of such drugs to first contact with treatment services. This situation of risk can last for 6-8 years with the development of a real disease, which drug addiction certainly is and which can irremediably compromise the life of the people involved in this problem and reduce the chances of their getting better. It is, therefore, essential and a priority to activate prevention programs which aim at the early detection of the problem in minors, with simultaneous activation of educational and specialist support initiatives for families. It is in fact common knowledge that individual initiatives in these early stages of drug use, due to the lower resistance to behavioural change, increase the possibility and ease of activating appropriate treatments and initiatives which are less invasive, more accepted and more effective in the short to medium term. This will also enable a reduction in the dramatic consequences and costs of drug addiction arising both from having to activate opportune structures and treatment processes, and from reducing the productive and intellectual potential of drug addicts.

Bringing forward detection to intervene sooner and better

Professional drug testing: a possible ally

36. This prevention strategy also entails the promotion of early, voluntary and professional drug-testing (managed by professionals and not self-administered), with short-term initiatives to support the family and, if necessary, the referral of the person to treatment programs. These selective testing activities have often shown that they are effective, by enabling the early interruption of drug use before serious addiction starts or indeed before the onset of social disadvantage and legal compromise which would further complicate the picture.

Drugs as the main invalidating factor and cause of death in young people

37. In order to better orient prevention strategies for young people, it is necessary to consider that the leading causes of death and temporary and permanent invalidity in the 14 to 18 age group are due to drug use and drug and alcohol-related incidents. In the light of this incontrovertible evidence, the fact is recognised that, unlike other minor pathologies (for example, scoliosis, failing eyesight, tooth decay, skin/aesthetic problems, etc.) for which preventative screening and testing are almost constantly implemented, there is no similar concern for what is proven to be the leading cause of death in age group, by activating opportune forms of early identification of the problem. It seems that there is almost a taboo in professional circles which prevents, or in some way hinders, the activation of normal procedures of early diagnosis in this field.

The prevention of alcohol and drug-related road accidents

38. For the reasons set out above, a problem which it is necessary to address is drug and alcohol-related road accidents. With some experiments conducted in Italy, it has been possible to observe that the percentage of positives for drugs and/or alcohol found in drivers subjected to testing at weekends can vary from 30 to 60%, in relation also to the presence and number locally of places of entertainment. This threat to public safety from those driving under the effect of drugs and/or alcohol is connected to the negative effects that these drugs provoke on reaction times, motor skills, visual ability, perception and underassessment of danger, procedural memory, etc. It should be recalled that the alteration of these important cognitive functions which determine the ability to drive and actual performance can be present and last also some time after the drug-taking (especially if it is habitual) and not only immediately on drug-taking. In other words, it is considered necessary to start to introduce in the assessment of driving ability evidence from neurosciences relating to neuro-cognitive dysfunctions which have been documented after drug use and which can remain also after 100 days, for example, from the use of cocaine and so with a negative outcome to bio-toxicological tests.

Prevention in the workplace

39 Finally, it is considered a priority to activate prevention programs also within work places both through the promotion of company plans aimed at disseminating information on prevention and through the activation and maintenance of drug testing of workers employed in at-risk duties. These periodic tests[6], which are carried out without notice and in accordance with standard, high quality toxicological procedures, can create a strong deterrent to drug and alcohol use during the undertaking of work duties which can generate risks and damage to third parties if not carried out in total safety and in a lucid state. The outcome of a positive test for drugs and/or addiction conducted on such workers must necessarily lead to making them safe, including through their temporary removal from their duties and at the same time the offer of opportune treatment and the conservation of their job during the period of treatment, as envisaged by the relevant law[7].

6 Already explicitly envisaged in law by the State-Regions Agreement of 3 October 2007 “Agreement pursuant to art. 8, para. 6, of Law no. 131 of 5 June 2003 on checking the absence of drug addiction”; State-Regions Agreement of 17 September 2008 “Procedures for healthcare checks on the absence of drug addiction in workers in duties which entail particular risks for the safety, security and health of third parties. Application of the provision no. 99/CU of 30 October 2007”.

7 Presidential Decree no. 309/90 Consolidated Act on the regulation of drugs, prevention, treatment and rehabilitation of the related states of drug addiction as amended.

Treatment and prevention of drug-related diseases

40. Treatment, just like prevention, should be considered a priority and essential in order to reduce drug demand.

Treatment: priority to reduce demand

41. A basic principle for defining and realising all the various types of treatment must be that of guaranteeing all drug addicts early and equal access to treatment, so avoiding the state of drug addiction becoming chronic, also if in treatment. Above all it is necessary to respect their human dignity and their right to be treated and have a drug-free life.

Accessibility and fairness

42. A correct therapeutic approach to drug-related socio-healthcare problems is integrated and interdisciplinary and involves the sphere of neurosciences, and psycho-behavioural, educational, social and environmental spheres in terms of the knowledge of mental-pathological mechanisms of behavioural expression, and in terms of treatment. This approach must contemplate at the same time coordinated actions on drugs, alcohol abuse and the use of tobacco.

Inter-disciplinary approach to drugs, alcohol and tobacco

43. Drug addiction is a chronic disease (i.e. a long-term disease), but is treatable and curable. Drug use and drug addiction entail a simultaneous alteration in the normal mechanisms of the person's neuro-mental function. This alteration can invalidate their capacity for judgment, their awareness of the problem, their main mental functions and the individual's ability to control their behaviour.

Drug addiction a chronic but treatable and curable disease

44. It is necessary to increase and guarantee early contact with drug addicts who are not yet in and need treatment, through easier access to treatments based on scientific evidence, but, at the same time on ethical values which always consider the need to aim for total rehabilitation and the complete reintegration of the person into society.

Treat to rehabilitate and reintegrate

45. In order to be able to correctly identify and apply the suitable treatments for drug addiction, it is essential that the choice of such treatments is preceded by a standard, scientifically oriented, multidisciplinary initial diagnosis which can bring into focus and define at the same time people's problems in the medical, psychological, educational, social and legal spheres.

The importance of diagnostic assessment prior to treatment and interventions

46. The treatment must be tailored and respect the degree of change in the person, their personal characteristics, and their freedom to choose the location and method of their treatment within the range of legal services offered under Italy's health services. Any course of treatment which is started must include at the same time the safeguarding and resolution of healthcare, social, educational and legal problems.

Freedom of choice and tailored and integrated treatment

47. Therefore, the treatments must offer the support necessary to stabilise the problem of the addiction and the related risks (overdose, infectious diseases, etc.) in the short term and, in the medium to long term, also rehabilitation in the sense of the recovery of a full, healthy, independent and responsible life.

Objectives differentiated in the short and medium to long term

48. At the same time as offering treatment, the need is recognised to structure permanent strategies and programs to prevent drug-related diseases and in particular drug-related deaths, in order to reduce the spread of infectious diseases (with particular reference

Prevention of related pathologies: due and complementary but not alternative to treatment

to HIV infections, hepatitis, sexually transmitted diseases, TBC, etc). These programs are also part of a global strategy against HIV/AIDS, of which we recognise the priority and importance above all in relation to the objective of improving access to early diagnosis, to HIV prevention options and to early antiretroviral treatments.

Continuous assessment

49. Treatments and initiatives must find constant confirmation through the systematic and continuous assessment of their safety, effectiveness, acceptability, ethics, financial sustainability and, last but not least, the "satisfaction of the person in treatment" (customer satisfaction), through monitoring and continuous assessment of the effects which can provide objective and scientifically accredited data.

Rehabilitation and reintegration

Rehabilitation a long educational process

50. The rehabilitation of drug addicts is a long educational process which is always possible and must be actively and constantly sought both for the development, recovery and maintenance of the person's social and interpersonal skills and for life skills, above all those relating to work, so as to guarantee the maintenance of their independence and autonomy.

Preliminary condition for reintegration

51. Rehabilitation, above all in the personal sphere, should be considered as a preliminary activity and condition which is essential and inevitable in order to be able to start real reintegration into society and work.

Rehabilitation: an "incremental" process

52. It is necessary to distinguish the rehabilitation stage from that of the subsequent reintegration into society and work, albeit closely related and often indivisible. The first stage is mainly aimed at creating the underlying conditions in order to be able to reintegrate the drug addict; the second stage, which is the development and completion of the first, is strongly focussed on the person's social and work autonomy. The therapy-rehabilitation process should thus be considered as continuous and "incremental", i.e. consisting of operational, mutually supportive steps which increase the level of the objectives and lead towards the person's autonomy, in accordance with the following sequence: early contact, intensive initial treatment, stabilisation of the treatment with simultaneous rehabilitation and subsequent reintegration.

Rehabilitation: an incremental integrated process

53. Treatment, rehabilitation and reintegration are thus not strictly sequential processes but are mutually "incremental" and strongly integrated. Rehabilitation activities can, in fact, and must start during treatment, just as reintegration activities start during the rehabilitation stage. The move from one stage to another is gradual and, initially, pervasive. This is all done through a sequence of experiments ("test flights") of the various skills to be learnt and developed which, if well directed and successful, lead to an enhancement of the results of the treatment, rehabilitation and reintegration.

Social reintegration

54. The social rehabilitation and reintegration of drug addicts must receive appropriate and priority consideration right from the start of treatment programs, both for clinic-based programs and residential ones.

Work reintegration

55. Work reintegration of drug addicts is the goal and finishing point of all treatments in order to guarantee autonomy, independence and the possibility of real and long-lasting reintegration into everyday life and society for drug addicts.

Assessment and monitoring

Assessment as an essential element

56. The importance of obtaining realisable and comparable data connected to the spread of drugs, their use and their composition and variation over time must be emphasised. In this regard, it is considered that the enhancement of a national integrated information system to collect, monitor, and analyse reliable and comparable data and information connected to the drug phenomenon is an essential key in making a correct scientific assessment of the national drug problem and of the responses at regional level which are essential, in order to further develop and implement effective drug policies and initiatives.

Creation of integrated database

57. It is necessary to envisage central coordination of the data flows also through the creation and maintenance of a single integrated database at the DPD which is fed by all the central and regional authorities.

Maintain the National Early Warning System

58. It will be essential to keep the National Early Warning System active and efficient with regard to the new drugs offered which are circulating locally but also online, in smart shops and at rave parties, with the task of producing warnings and information for the Regions and Autonomous Provinces in order to be able to activate rapid and effective responses.

Permanent systems to assess effectiveness

59. It is necessary to introduce and promote permanent systems at Addiction Departments to assess outcomes of treatments, in order to be able to draw on data and information relating to the practical effectiveness of the treatments both regarding clinic-based treatments and residential ones. The assessment of outcomes is essential both to verify and self-correct treatment and rehabilitation activities and to plan and identify the most appropriate and sustainable strategies and actions.

Scientific research

60. We acknowledge the essential importance that there is also in Italy scientific research in the field of drug addiction and the need to support and develop such activities with specific projects and loans. Essential driver

61. We identity as a guideline for planning and as a priority for financing the realisation of projects which can create national cooperation networks which are coordinated towards concrete objectives, can be checked in terms of the results achieved, and are scientifically oriented and of public benefit. National projects and cooperation network

62. There is a need to increase research in the field of the neurosciences and neuro-imaging, but also in the field of the science of social and educational behaviour Neurosciences and addiction

63. To provide concrete support to the development of a scientific culture and approach among operators in the sector, it is considered sensible to activate initiatives and projects to support the creation of institutional scientific communities, periodic scientific publications (both online and in print), training programs and e-learning systems, but above all interministerial cooperation with accredited research centres. Support for creation of institutional scientific communities

Legislation and combating drugs: drugs and crime

64. Drug-trafficking and dealing are the bread and butter of criminal organisations with national and international roots and connections. It is now clear and proven that there is a link between the manufacturers of drugs and criminal organisations, including those of a terrorist persuasion, which also manage distribution and sale in countries where drugs are regularly consumed. Drugs and crime

65. Users must be aware that drug-taking, even occasional drug-taking, always entails coming into contact and collusion with the powerful criminal organisations which manage drug-trafficking. Each individual drug purchase in fact helps finance organised crime, terrorism and international trafficking, by directly supporting (even with the small financial contribution for a “fun” weekend) illegal and violent activities. All of this is to the detriment of the rights of the many people who are oppressed, exploited and sometimes killed by these organisations. User awareness: use and financing of organised crime and terrorism

66. It is necessary to reiterate that the law in force in Italy does not envisage penal sanctions for drug users/addicts when it is shown that possession of the drug is for solely personal use, but there are administrative penalties (withdrawal of driving licence, withdrawal of firearms licence or withdrawal of passport, etc.) which, beyond the intent to punish, are more specifically aimed at preventing the drug taker from doing further harm to themselves and others. On the other hand, the law on drugs, also after the reform in 2006, envisages penal sanctions for those responsible for actions through which the supply of drugs becomes a reality (trafficking, growing, production, dealing, etc). Administrative sanctions and penal crimes

67. The priority nature of the work to combat supply should be emphasised and must be considered as essential and indispensable as part, however, of a well-balanced national drug strategy with activities for prevention, treatment and rehabilitation. All this is in respect of the role and of the competences of each institutional player and so assures Priority actions and balance

adequate support to the bodies which are in charge of repressing the phenomena of drug-trafficking and dealing. There is no doubt, in fact, that the Police, the Judiciary and the Prison Service, who are solely responsible for the repression of supply, can best carry out this activity if supported, at every level, by active and concrete cooperation and appreciation of their particular duty.

Better use of alternative sentences

68. The drug law envisages that, where there are no particularly significant precautionary needs, drug addicts (diagnosed as such using medical criteria) who have committed crimes serve their sentence with alternative measures to imprisonment. This allows them, also in compliance with dictates of the Constitution, to undertake therapy and recovery programs in therapeutic communities or at suitable public structures. In this regard it is considered essential and a priority to identify and develop increasingly rapid and effective procedures to encourage access to beneficial programs for drug addicts who have had final sentence passed or who are awaiting sentencing. In this regard, particular attention must be paid to minors who for various reasons are involved in the justice system having committed crimes.

Drug-trafficking and the destabilisation of institutions

69. Drug-trafficking has now reached truly worrying levels and makes use of transnational criminal organisations which, in order to ensure their work is completely effective, use violence, corruption, destabilisation of democratic institutions and States, violation of human rights, and so threaten the security of the community and of the individual. For this reason it is important to intensify the work of international cooperation, so as to be able to subtract resources from these criminal networks (money, arms drugs, etc.). At the same time, it is opportune to increase awareness of how these organisations work, of their means of operation and their links, starting from drug manufacture right up to trafficking, storage, distribution and sale. In this regard, special investigations have proven very incisive and effective (monitoring of deliveries and undercover work). Particular cooperation must be offered to those African countries which are affected by the drugs problem not only as user countries, but also as transit and storage countries for huge quantities of drugs from producer countries which are destined for European markets. All this is also in relation to the contents of the 2009 Declaration of the UN Security Council regarding the nations of Western Africa which unfortunately suffer the consequences of drug-trafficking, connected especially to the growth of crime, violence and subversive activity. Cooperation with these countries, besides being necessary and an ethical duty, will also produce benefits for national drug-fighting activities and policies, by reducing the flow of drugs into Italy and Europe. We also reiterate Italy's adherence to international drugs agreements[8], to which it will continue to conform its own drug-fighting policies.

Internet: the new frontier of drug supply

70. We stress the importance of planning initiatives and studies concerning the phenomenon of the supply of drugs, counterfeit pharmaceuticals and products for the cultivation and production of drugs via the Internet. It is necessary in fact to develop effective permanent active surveillance systems for the Internet, which are included in the National Early Warning System, of online pharmacies and specialised websites which increasingly offer drugs of all types which are dangerous to health.

8 The Single Convention on drugs of 30 March 1961 and related protocol of amendment of 25 March 1972; the Convention of 21 February 1971 on drugs; the Convention of 20 December 1988 against illegal drug-trafficking; the Convention of December 2000 against transnational organised crime.

Coordination, organisation and planning

Coordination as a key factor

71. The principle of coordination among the various organisations (Central government, Regions and Autonomous Provinces, non-profit and voluntary organisations) which operate in the field of the fight against drugs, is a key factor and of essential importance in order to be able to call on a globalised and efficient organisation, which is focussed on shared objectives and methods and which can guarantee timely and effective responses.

Agreed principle as factor for success

72. Every organisation should make this its own priority principle, by actively seeking to negotiate and agree basic principles and general strategies, but also the actions and initiatives. This will be a factor which can condition the success of the work of the whole national system.

Coordination at all the various levels

73. Coordination must be sought at all the various levels: interministerial (among all the Administrations which, in whatever role and for various reasons, take action on drugs, such as for example protecting health in the workplace, infectious diseases, the prevention of traffic accidents, combating drugs, illegal possession, prevention at school, etc.), regional (both in cross-cutting fashion among Regions and Autonomous Provinces, and vertically with the central government and in particular with the Drug Policy Department, in respect of their independence over planning, however introducing the concept that there is a duty to coordinate at national and European level and a duty to participate, thus avoiding “absenteeism and conflict” as a political strategy of not recognising the central coordinating functions), national (among all the various organisations above), European and international (function of the Central government in regard to the European Union and the United Nations in order to transfer indications to the national territory).

New relational and coordination model

74. In consideration of the need to find a more effective model of coordination with the Regions and Autonomous Provinces, it is considered necessary to develop and propose a new relational and coordination model to take account of the various levels of actions requested on the basis of the problem to be faced and at the same time the differing levels of responsibility and representation of the institutions involved (Central government, Regions and Autonomous Provinces). This is a new model which can create new conditions in order to move the central plank of the cooperation and negotiation in drug activity among Central government, the DPD, Regions and Autonomous Provinces, towards concrete actions, joint project development and planning of initiatives as part of prevention, treatment, rehabilitation and reintegration, rather than towards political/ideological confrontation, which in recent years has proven to be more a source of sterile conflict and opposition than of a real union of intent and action.

European and international dialogue

75. To provide an effective response to the global nature of the drugs problem, Italy, through the Drug Policy Department, continues to carry on a dialogue on drugs with the European countries in the Horizontal Drugs Group (HDG) of the Council of the European Commission and of the Dublin Group (an informal coordination framework for international assistance in the fight against drugs) and with the various countries of the world through the United Nations. European coordination can also call on technical and scientific cooperation with the European Observatory on Drugs and Drug Addiction (EMCDDA) through the National Focal Point of the Reitox network. Besides this, it is necessary to maintain relations with other institutional groups dealing with drugs such as the Pompidou Group of the Council of Europe.

7 "Individual action areas" (Objectives, actions and indicators)

1. Prevention
2. Treatment and prevention of drug-related diseases
3. Rehabilitation and social and work reintegration
4. Monitoring and assessment
5. Legislation, combating drugs and youth justice

Action area: 1. Prevention

N. Objectives	N. Actions	Main indicators
1. Guarantee organisational conditions and availability of human, technological, logistical and financial resources adequate for prevention work.	1.1 Definition of precise budget headings by the regional administrations competent for prevention work in the sector.	*Level of funds set aside by each Region for drug and alcohol addiction.*
	1.2 Define and publish specific regional action plans on prevention, which are sustainable and coherent with the National Action Plan.	*No. Regions which have specific plans for prevention.*
	1.3 Activate a new national fund for the fight against drugs to support improvement in prevention work through specific projects, resourced with funds confiscated from criminal organisations arising from drug-trafficking and dealing	*No. of dedicated human resources. Level of finance for the new fund and no. of specific projects activated.*
2. Realise permanent communication and information campaign aimed at differentiated targets and coordinated with regional campaigns.	2.1 Raise awareness and create a sense of responsibility through agreements and guidelines with "pseudo-educational" agencies such as TV, radio, the entertainment world etc., which sometimes, implicitly or explicitly, increase drug use and at-risk models of behaviour.	*No. of items in the press and on TV and radio nationally and in each Region and Autonomous Province, in keeping with these guidelines.*
	2.2 Transmit clear messages against the normalisation of drug and alcohol use.	*No. of events organised.*
	2.3 Involve young people directly in the preparation and promotion of communication campaigns.	*No. people involved and reached.*
	2.4 Show and raise awareness of the effects of purchasing drugs to young people and the consequent contribution to financing, maintaining and developing criminal organisations and terrorism.	*No. Regions that adhere to the coordination of information campaigns.*
	2.5 Promote initiatives which are strongly integrated with strategies against alcohol abuse.	*Level of integration of the drug and alcohol campaigns.*
	2.6 Activate information on prevention also through social networks.	*No. of anti-drug initiatives on social networks.*
	2.7 Disseminate useful information on Italian drugs legislation to tourists and foreigners who, for whatever reason, are resident in Italy.	

Action area: 1. Prevention

N. Objectives	N. Actions	Main indicators
3. Communicate and inform at a local level on the risks and damage arising from drugs and alcohol, using in particular selective prevention techniques.	3.1 Inform and raise awareness among young people and adults on the risks and damage arising from drug-taking and on the consequences of "gateway" drug use (e.g. alcohol, cannabis, etc.).	
	3.2 Establish agreements/MoUs with communication agencies so that there are more radio and TV programs with a significant informative value and services on drug addiction.	*No. agreements/MoUs with communication agencies.* *No. of TV and radio programs which deal with drugs per annum.* *No. of TV and radio programs which deal with drugs per network.*
	3.3 Define guidelines for carrying out of radio and TV programs which deal with the issue of drug use and alcohol abuse, with particular reference to minors.	*No. of specific projects dedicated to the school and to families.*
	3.4 Support and reactivate the educational networks which currently have very limited activities, such as schools, families and associations.	*No. of schools involved.* *No. of families involved.*
	3.5 Aim to develop protection factors and early acknowledgement of risk factors.	
4. Activate programs for early detection of "first use" drug use by minors and of drug users who are not yet addicts	4.1 Carry out training within primary educational agencies (families and schools) on the predictive factors of drug use.	*No. training courses activated.*
	4.2 Implement information-giving and educational initiatives for parents aimed at early contact and control relating to drug-taking in young people aged 13 to 18 at specialist healthcare structures.	*No. course participants* *No. of "early detection" programs activated.*
	4.3 Activate programs of early diagnosis on drug use in adolescents through the use of a professional drug test carried out in a healthcare environment, in cooperation also with paediatricians.	*No. of minors tested and percentage found positive.*
	4.4 Create specific programs of action and psychological support in Addiction Departments for "habitual/periodic users", who are not yet addicted.	*No. of support initiatives activated.*

Action area: 1. Prevention

N. Objectives	N. Actions	Main indicators
5. Better direct prevention programs towards the problem of early use of alcohol (first drug), tobacco and medical drugs.	5.1 Pay particular attention to the most at-risk groups (at-risk families, "deviant" young people, the homeless, prisoners, sex workers, etc.).	*No. checks undertaken at places of entertainment and meeting points for young people.*
	5.2 Promote reduction of the supply of low cost and increasingly differentiated alcoholic drinks with low alcohol content which are strongly flavoured and sweetened (and so more acceptable in first approaches to consumption).	*No. checks on the ban of the sale and supply of alcoholic drinks to minors aged under 16.*
	5.3 Raise awareness among both the target audience of young people and adults on the risks arising from the use of medical drugs, also through paediatricians and family doctors.	*No. agreements signed with associations for paediatricians and family doctors.*
	5.4 Better regulate and control advertising on alcoholic drinks and above all that on the soft-drinks.	*No. of specific projects activated in regional areas.*
	5.5 Increase the checks on the ban of the sale and supply of alcoholic drinks to people aged under 16 and at the same time propose raising the ban to people aged under 18.	*No. of specific projects activated in regional areas.*
6. Activate specific prevention programs for women (gender oriented).	6.1 Draft specific guidelines and informative material on gender oriented prevention to be disseminated in socio-healthcare structures	*No. and type of materials produced and level of dissemination.*
	6.2 Disseminate information on situations of specific risk for women in relation to the use of drugs and alcohol, and on "sexual assault".	*No. women involved.*
	6.3 Create training courses for young women for the early identification of situations of risk and the correct way to handle them in order to prevent, manage or minimise the possible consequent dangers.	*No. training courses for young women.*
	6.4 Develop programs dedicated to the phenomenon of the very young age group who exchange sex for drugs.	*No. of programs activated per individual Region and Autonomous Province*
	6.5 Develop programs against the use of cocaine and amphetamines as weight-loss drugs.	*No. of programs activated per individual Region and Autonomous Province*

Action area: 1. Prevention

N. Objectives	N. Actions	Main indicators
7. Activate and direct prevention programs at parents and educators.	7.1 Activate training programs and information, aimed at families and educators in cooperation with schools, on the risks and damage arising from drug use and on the early signs and symptoms which suggest drug use by young people.	*Types of programs activated.* *No. adults involved.*
	7.2 Activate training programs and information, aimed at parents and teachers, on the correct identification and handling of early behavioural disturbances.	*No. educators involved.*
	7.3 Increase specific support programs for families at Addiction Departments.	*Level of customer satisfaction.*
8. Activate highway control programs for the prevention of alcohol and drug-related accidents.	8.1 Activate and manage the road accident fund at the DPD by promoting national action projects aimed at prevention and studying new forms of intervention and technological controls.	*No. drivers checked for alcohol and drugs.*
	8.2 Increase highway checks through drug tests, above all in the areas with a high prevalence of places of entertainment.	*No. positives/negatives on tests.* *No. licences withdrawn.*
	8.3 Development of research projects and studies for the realisation of further preventative technological controls (e.g. anti-drink driving safety devices, etc.).	*No. of research projects and studies activated.*
	8.4 Encourage the application of drug tests for minors who request the "mini-licence" for scooters.	*No. of vehicles confiscated.*
	8.5 Carry out drug and alcohol checks on minors riding scooters.	*No. of vehicles confiscated.*
	8.6 Promote and realise initiatives of information/education aimed at young people to prevent driving road vehicles under the effect of alcohol and/or drugs.	
	8.7 Improve and supplement the current law on prevention and penalties for driving after taking drugs.	

Action area: 1. Prevention

N. Objectives	N. Actions	Main indicators
9. Reduce the number of alcohol or drug-related workplace accidents.	9.1 Activate the procedures envisaged by the specific State-Regions agreement relating to checks on workers with at-risk duties through drug tests.	*No. of Regions which have activated control procedures and effective cover.* *No. people checked.*
	9.2 Promote the activation of "company prevention and awareness-raising plans on drugs and alcohol" in businesses.	*No. positives/negatives to tests.*
	9.3 Promote more involvement and training of labour doctors as the only people responsible for certifying suitability for duties.	*No. training courses activated.*
	9.4 Realise guidelines and/or technical circulars for the Regions and Autonomous Provinces on drug testing of workers, in order to standardise procedures throughout Italy, both for first-level checks and second-level.	*No. of circulars and guidelines produced and disseminated.*
10. Draft prevention programs aimed at young prisoners.	10.1 Develop permanent prevention programs in Youth Justice Services (aged 14-18).	*No. of prevention programs realised*
	10.2 Assess the outcome of such programs also in terms of reoffending.	
11. Redirection of prevention strategies of public services in response to new drug takers and development of the phenomenon.	11.1 Activate specific operating units for prevention which work on evidence oriented programs.	*No. operating units involved.*
	11.2 Draw on models which use prevention techniques which are universal and above all indicated and selective.	*No. of selective prevention programs activated.*
	11.3 Raise awareness about the factors of vulnerability and protection from the risk of "addiction" and the means of early identification and development.	
	11.4 Increase and enhance initiatives directed at the development and maintenance of "life skills" and of cognitive-behavioural approaches.	
	11.5 Draft national guidelines, methods and materials which are easily accessible, useable and accredited for use throughout Italy.	*No. of national guidelines produced and disseminated.*

Action area: 1. Prevention

N. Objectives	N. Actions	Main indicators
11. Redirection of prevention strategies of public services in response to new drug takers and development of the phenomenon.	11.6 Implement local prevention programs which are permanent and standardised and which envisage cross-cutting coordination among the various operating units of the local health services (Treatment services – Communities – Non-profit organisations – Wards – Family doctors), of local authorities and of the service sector.	*No. of local permanent prevention programs activated.*
	11.7 Improve the presence of local authority administrations to support (in both financial and organisational terms) local prevention initiatives.	*No. human resources trained.*
	11.8 Develop "environmental" prevention initiatives aimed at making environmental messages and stimuli coherent with messages and information on prevention of drug use and alcohol abuse.	
	11.9 Activate training programs for sector operators to facilitate the cultural and professional redirection towards selective prevention techniques.	
12. Activate prevention programs with schools.	12.1 Promote the preparation by individual schools of prevention programs to be included in the school training plan to also establish behaviour and rules for students and the means of active supervision by teachers.	*No. of school training plans containing drug prevention programs.* *No. schools involved*
	12.2 Involve level I and II primary and secondary school pupils directly in prevention work.	*No. students involved.*
	12.3 Train level I and II primary and secondary school teachers on the correct identification and educational handling of pupils' behavioural disturbances.	*No. teachers involved.* *No. prevention products realised.*
	12.4 Activate and promote Information and Consultancy Centres (ICC) in level II secondary schools, as envisaged by art. 106 of Presidential Decree no. 309/90.	*No. of ICC active in relation to the no. of schools.*
	12.5 Activate and maintain the EDU project of the Drug Policy Department to make information and consultancy services available online for all schools.	
	12.6 Activate and maintain the EDU.CARE project of the DPD for the training of teachers and parents on educational and prevention aspects.	

Action area: 1. Prevention

N. Objectives	N. Actions	Main indicators
13. Promote initiatives to involve places of entertainment (clubs, pubs, etc.).	13.1 Promote information campaigns in places of entertainment with permanent displays at the entrance and exit of clubs regarding the necessity to not drive in the case of drug use and/or alcohol abuse.	*No. initiatives realised.*
	13.2 Promote differentiation in the cost of non-alcoholic and alcoholic drinks, by reducing the cost of non-alcoholic drinks and above all by making available the free distribution of water in clubs.	*No. premises involved.* *No. people reached.*
	13.3 Promote prevention initiatives against the abuse of energy drinks, above all if associated with alcohol.	
	13.4 Promote the dissemination by singers and DJs of positive messages which propose having fun without the “kick” from drugs or alcohol.	
	13.5 Increase control on compliance with the regulations on the sale of alcoholic drinks to minors.	
	13.6 Introduction, through agreed protocols, of the ban on using forms of promotion of alcohol consumption among young people (e.g. happy hour with reduced prices).	
14. Promote prevention initiatives against the abuse of dietary supplements, the use of steroids and other performance-enhancing drugs above all in gyms.	14.1 Preventative information on the risks connected to the inappropriate use of dietary supplements and on the risks connected to the abuse of steroids and performance-enhancing drugs.	*No. agreements signed with gym owners associations*
	14.2 Realise, in cooperation with the Ministry of Health, prototypes of complete information labels to be put on packets of dietary supplements.	

Action area: 1. Prevention

N. Objectives	N. Actions	Main indicators
15. Promote initiatives for the prevention of problem gambling.	15.1 Provide preventative information on the risks connected to problem gambling in casinos.	*No. of prevention initiatives activated.*
	15.2 Control and better regulate advertising on legal gambling by introducing general thresholds.	*No. of effective regulations made.*
	15.3 Propose including problem gambling among the conditions of addiction for which diagnosis and therapy is envisaged through regional healthcare systems and, in particular, in Addiction Departments.	
	15.4 Activate support and specific assistance initiatives at Addiction Departments for people with addiction to problem gambling and their relatives.	*No. of assistance initiatives carried out*
16. Keep up to date and promote informative institutional portals on drugs (www.politicheantidroga.it; www. droganews.it; www.dronet.org; www.drugfreeedu.org; www.droganograzie.it; www.allertadroga.it; http://cocaina.dronet.org) and, at the same time, support Italian scientific research into addiction.	16.1 Guarantee the correct and continuous operation of the indicated websites.	*No. of accesses to websites per annum*
	16.2 Guarantee the continuous updating and active promotion of the contents of the portal to various potential users.	*No. updates per annum*
	16.3 Guarantee coordination in information and opinion.	
	16.4 Activate a new scientific publication related to the website www.drugsnews.it, for the realisation of an online magazine on addiction, which can publish innovative studies and research.	

Action area: 2. Treatment and prevention of drug-related diseases

N. Objectives	N. Actions	Main indicators
1. Guarantee organisational conditions and availability of human, technological, logistical and financial resources adequate for the operation and maintenance of assistance systems, also in relation to the various types of addiction to be handled (alcoholism, etc.)	1.1 Definition of precise budget headings by the various Administrations responsible for treatment services and maintenance of the service supply systems in the sector, also in relation to the various types of addiction to be handled (alcoholism, etc.).	*Quantity of financing allocated.* *Provision of specific funds for specific types of users.*
	1.2 Define and publish specific regional action plans on diagnosis, treatment and drug-related diseases, which are sustainable and coherent with the NAP.	*No. specific regional plans on treatment and drug-related diseases.*
	1.3 Activate a national fund to support improvement in diagnosis, treatment and drug-related diseases, financed by funds confiscated from criminal organisations arising from drug- trafficking and dealing.	*Quantity of funds available.*
	1.4 Acquire and put into operation in all the Regions and public administration the State-Region agreements: • Provision of 5 August 1999 State-Regions Memorandum of Understanding, on the proposal of the Ministries of Health and Social Solidarity, setting out: "Determination of the minimum standard requirements for the authorisation for the operation and accreditation of private assistance services for drug addicts". (File no. 740) – Official Gazette no. 231 of 1 October 1999. • Provision 21 January 1999 State-Regions Agreement for the "Reorganisation of the assistance system for drug addicts".	*No. of Regions and Autonomous Provinces which have implemented in concrete terms the agreements/total no. of Regions and Autonomous Provinces*
	1.5 Activate verification of the correct and timely application of the agreements as set out above and, should they not be applied, activate the administrative procedures envisaged to obtain and guarantee compliance with the agreement.	*No. of Regions which have completed the implementation / total Regions which should have completed it.*

Action area: 2. Treatment and prevention of drug-related diseases

N. Objectives	N. Actions	Main indicators
2. Promote and encourage operational and organisational integration among the public services and non-profit organisations in prevention, treatment, rehabilitation.	2.1 Launch a process of organisational integration through the activation of Addiction Departments as centres of technical and functional organisation in a context of equal rights.	*Judgment on the level of integration by managers of non-profit organisations and managers of public services.*
	2.2 Draft and apply agreed protocols between public sector organisations and non-profit organisations in relation to diagnostic procedures, objectives, stages of treatment and overall treatments, with particular emphasis on guaranteeing the continuity of treatment.	*No. of protocols activated / No. of protocols which may be activated.*
3. Start research to reform services in order to bring them more into line with and suitable to the transformation of the phenomenon of drug addiction in Italy.	3.1 Realise a joint analysis among the competent Administrations (central government, Regions and Autonomous Provinces) with the production of ideas for general reorganisation of the system of services but, above all, a model of national, interregional and intra-regional coordination which can overcome the current problems arising from the fragmentation and lack of standardisation of regional systems besides, at the same time, guaranteeing standardisation of initiatives and services provided throughout Italy.	*No. of participants in the working group (level of agreement).* *Realisation of a joint technical proposal (guidelines).*
4. Increase accessibility and the speed with which active drug addicts are taken into treatment.	4.1 Inform people who use drugs of the damage to health arising from the use of drugs and on the need for treatment and the means of access.	*Lag-time between drug use and first contact with services.*
	4.2 Differentiate offers so as to make them more attractive and closer to the needs of drug addicts.	*No. of new accesses to services.*
	4.3 Activate programs to facilitate early contact services also through active "outreach" locally.	*No. of operating units with active outreach programs.*
	4.4 Activate programs and facilitations for the healthcare control and treatment of foreign drug users.	*No. of foreign drug addicts in treatment at services/total no. of drug addicts in treatment.*

Action area: 2. Treatment and prevention of drug-related diseases

N. Objectives	N. Actions	Main indicators
5. Increase contacts with occasional and habitual users who have not yet developed an addiction.	5.1 Provide information on the neuro-mental consequences in the light of new studies as part of neurosciences and behavioural sciences.	*No. occasional / habitual users in contact with services and their progress over time.*
	5.2 Increasingly direct the services system from the viewpoint of organisation towards occasional or habitual users and not only towards people with addictions.	*No. of operators trained.*
	5.3 Train and raise awareness among sector operators on the negative consequences for health arising from any type of drug.	
6. Activate diversified treatments and environments for minors and, at the same time, activate environments and treatments suitable for females.	6.1 Train sector operators on the diversity in diagnosis and action among occasional, habitual and addicted drug users in order to be able to provide adequate responses to the problem.	*No. of operators trained.*
	6.2 Activation of early educational/ psychological and support initiatives for families to stop the occasional use of drugs among young people.	*No. of parents involved in the treatment programs.*
	6.3 Drafting and application of treatment protocols which are diversified among those who use drugs occasionally or habitually and those who are already addicts (limited adequacy of treatments).	*No. of services which support "parent notification".*
	6.4 Introduce models of "parent notification", or a warning system among informed and responsible parents.	
	6.5 Update, on the basis of scientific evidence, treatment and rehabilitation protocols in relation to the changed needs of drug addicts who are often addicted to a number of drugs with important associated psychiatric and infectious pathologies.	*No. protocols and guidelines produced.*
	6.6 Increase the supply of treatments for "new" addictions and co-addictions, above all for alcohol, by promoting specific training of operators.	

Action area: 2. Treatment and prevention of drug-related diseases

N. Objectives	N. Actions	Main indicators
6. Attivare cure e ambienti diversificati per i minori e, al contempo, attivare ambienti di cura e trattamenti idonei alle persone di sesso femminile.	6.7 Redirect treatment services so as to take other factors into consideration which contribute to addiction (lifestyle).	
	6.8 Preparation of systems, methodologies and technical culture in order to be able to carry out a constant assessment of the results.	
7. Guarantee free choice of the means and place of treatment for drug addicts.	7.1 Include in the Services Charter of Addiction Departments and in regional guidelines specific indications in this regard.	*No. of Regions and Autonomous Provinces which have guidelines explicitly containing the possibility of free choice.*
8. Adopt standard diagnostic methods in clinical and toxicological environments for drug addictions.	8.1 Define national guidelines for assessment, level of seriousness and diagnostic situation (initial assessment) of drug addicts related to treatment services.	*Realisation of a joint technical proposal (guidelines).*
	8.2 Define national guidelines for the diagnosis and treatment of infectious diseases in drug addicts.	
9. Improve the quality and effectiveness of treatments.	9.1 Define and disseminate national technical and scientific guidelines regarding the quality criteria of treatments and assessment of their practical effectiveness.	*Realisation of a joint technical proposal (guidelines).*
	9.2 Apply scientifically oriented therapeutic protocols.	
	9.3 Activate a national project to assess the results of treatments in order to introduce standardised methodologies for the assessment of outcomes.	*No. of operating units participating in the project to assess outcomes.*
	9.4 Introduce systems for the assessment of customer satisfaction also in Addiction Departments (Treatment services and Communities).	*No. of services and communities which record customer satisfaction.* *Average level of satisfaction.*
	9.5 Realise and disseminate guidelines for the correct procedures for the custody, transport, conservation and home use of substitute drugs with particular regard to the safety measures to be adopted to avoid accidental intoxication of children.	*Realisation of a joint technical proposal (guidelines).*

Action area: 2. Treatment and prevention of drug-related diseases

N. Objectives	N. Actions	Main indicators
10. Programs to improve the handling of patients with multiple drug use.	10.1 Differentiate the therapeutic offers of services on the basis of the presence of the use of several drugs.	*No. of multi-drug users in treatment at services and progress over time.*
	10.2 Activate protocols for the integration of treatments for the various addictions from drugs, alcohol, and tobacco.	
11. Activate programs to improve the handling of patients who present psychiatric-related pathologies.	11.1 Improve integration with Mental Health Departments, maintaining the differentiation with Addiction Departments.	
	11.2 Define integrated planning among the various operating units which act on psychiatric drug addicts.	*No. of cooperation protocols existing between Mental Health Departments and Addiction Departments.*
	11.3 Standardise the offer for psychiatric pathologies among Mental Health Departments and Addiction Departments throughout Italy.	
12. Reduce drug-related mortality.	12.1 Activate cooperation protocols among local emergency units and Addiction Departments, using models which have already been tested and proven effective (for example the disease prevention and control projects of the Ministry of Health).	*Nr. protocolli di collaborazione esistenti tra unità di emergenza e DDD.*
	12.2 Activate specific training programs for emergency ward staff on drug addiction and its acute clinical manifestations and on “alarm bell” pathologies (for example, heart attacks or other cardiovascular pathologies caused by cocaine, dissociative disorders, panic attacks caused by cannabis or methamphetamines, etc.), using models which have already been tested and proven effective (for example the disease prevention and control projects of the Ministry of Health).	*No. of courses activated and no. of participants.*
	12.3 Inform drug addicts and occasional or habitual users about the laws on prevention and the factors which can increase the risk of an overdose.	
	12.4 Promptly notify the National Early Warning System (NEWS) of any drug-related deaths or the appearance of phenomena or anomalous drugs for the early preparation and activation of alerts.	*No. of notifications to the National Early Warning System divided by Region.*

Action area: 2. Treatment and prevention of drug-related diseases

N. Objectives	N. Actions	Main indicators
13. Definition of an adequate and well-defined organisation to guarantee suitable treatments, including in prison.	13.1 Increase the possibility of drug addicts in prison using alternative measures.	*No. of people who have made use of trial custody (art. 94 Presidential Decree no. 309/90) per Region.*
	13.2 Activate a specific project, on the strength of the experience of the Department for Prison Organisation of the Ministry of the Justice, to enable avoiding drug addicts going to prison, by taking action during the summary judgment (before being sent to prison), through the offer and acceptance of a treatment program at accredited treatment structures.	
	13.3 Define joint guidelines and protocols with all the Regions and Autonomous Provinces for assistance for drug addicts and alcoholics in prison and include the transfer of prison healthcare to regional healthcare systems.	*Realisation of a joint technical proposal (guidelines).*
	13.4 Guarantee continuity in treatment for drug addicts and alcoholics in treatment on entering prison.	
	13.5 Guarantee continuity in pharmacological treatment for infectious diseases (in particular infections from HIV, hepatitis, MST, TBC, etc.) for those who have recently entered prison.	*No. of prisons with specific anti-overdose programs on leaving prison.*
	13.6 Activate prevention programs to reduce the risk of overdose on leaving prison.	
14. Reduce the potential of treatments becoming chronic.	14.1 Reassess treatments (pharmacological and residential) which have lasted in the long term or are maintained with substitute drugs, in order to assess their adequacy and real effectiveness in the individual's rehabilitation and social reintegration.	*Realisation of a specific study in this regard.*
	14.2 Supplement pharmacological treatments with initiatives of psychological, educative/rehabilitation support and reintegration into society and work.	*No. of supplemented treatments / No. treatments carried out by the services.*
	14.3 Launch studies on the factors of chronicisation in order to identify corrective solutions.	*Length of treatments in relation to the outcome.*

Action area: 2. Treatment and prevention of drug-related diseases

N. Objectives	N. Actions	Main indicators
15. Activate experimentally initiatives and offers of assistance for new addictions: problem gambling, compulsive shopping, compulsive sex, addiction to digital technology, etc.	15.1 Activate specific projects with assessment of the incidence and prevalence of the phenomenon and of the real effectiveness of treatments.	*Incidence and prevalence of the people affected by new addictions.*
	15.2 Start a procedure for the recognition of such pathologies in the current national and regional laws for the sector.	*No. of activities and/or review proceedings activated.*

Action area: 2. Treatment and prevention of drug-related diseases

N. Objectives	N. Actions	Main indicators
Prevention of drug-related diseases		
16. Increase the integration of the prevention of drug-related diseases with treatment initiatives.	16.1 Activate programs of organisational and functional integration among the operating units which carry out drug-related disease initiatives and those with responsibility for treatment and rehabilitation.	*No. of programs of organisational integration activated.*
	16.2 Standardise in terms of the language, planning and organisation drug-related disease initiatives (in terms of both presence and type) among the various Regions and Autonomous Provinces and the local health authority.	
17. Define new national operational guidelines for the activation, maintenance and/or redirection of the work to prevent drug-related diseases (secondary prevention) in Italy.	17.1 Define the principles and the basic assumptions for the work of secondary prevention adapted to the Italian situation.	*Realisation of a joint technical proposal (guidelines).*
	17.2 Define a summary list of concrete measures/actions which it would be necessary to undertake in order to achieve effective and permanent secondary prevention of the main pathologies related to the use of drugs and alcohol.	
	17.3 Create a summary statement which is aimed at the dissemination and permanent adoption of such measures, by starting a study project for the proposition of specific minimum healthcare provisions (Prime Ministerial Decree of 29/11/2001), to be agreed with the Regions and Autonomous Provinces	
18. Prevent and reduce the risk of death by overdose.	18.1 Distribution of phials of naloxone chlorhydrate for first aid to patients and to the relatives of heroin addicts.	*No. of phials distributed.* *No. of phials used.*
	18.2 Organise training courses for drug addicts so as to provide them with the basics for first aid should a companion overdose.	*No. courses organised.* *No. of participants.*
	18.3 Activate coordinated and agreed actions (through protocols and agreed processes) aimed at preventing and managing the increase in the risk of overdose in the transfer of the drug addict from prison to freedom, from communities to the local area, from open prison programs to freedom.	*Presence of protocols.* *No. of drug addicts informed.* *No. of overdose cases in at-risk groups.* *No. patients admitted to the therapy program in prison.*

Action area: 2. Treatment and prevention of drug-related diseases

N. Objectives	N. Actions	Main indicators
19. Prevent and reduce the risk of acquiring and transmitting infectious diseases related to the use of drugs, such as HIV infection, viral hepatitis, TBC and sexually transmitted diseases.	19.1 Distribution and exchange of syringes	*Incidence of infections.*
	19.2 Distribution of condoms.	*Incidence of drug-related deaths.*
	19.3 Training to acquire skills on prevention.	
20. Activate gender-oriented programs.	20.1 Activate easily accessible info-points and info-lines.	*No. of female drug addicts contacted.*
	20.2 Activate programs of counselling and information on the specific risks and the particular vulnerabilities of females (prostitution, violence, unwanted pregnancies).	*Existence of specific programs for women.*
	20.3 Activate programs for inclusion in "liberation from prostitution" projects.	*No. of prostitute drug addicts included in liberation programs.*
	20.4 Activate gynaecological assistance and prevention of sexually transmitted diseases.	*No. of female drug addicts subjected to gynaecological checks.*
	20.5 Activate programs and concrete assistance during pregnancies and childcare.	*No. of female drug addicts with assisted pregnancies.*
21. Prevent and reduce social risks related to drug use: emargination, discrimination, stigmatisation; inclusion in criminal networks; imprisonment; loss of positive social networks; prostitution; not completing schooling and loss of the potential for learning; loss of work and productive ability.	21.1 Increase and facilitate access to forms of clinic-based and residential treatments.	*No. of new accesses to treatment services and to therapeutic communities.*
	21.2 Increase work on rehabilitation and social and work reintegration.	*No. of new accesses to services for social and work reintegration*

Action area: 2. Treatment and prevention of drug-related diseases

N. Objectives	N. Actions	Main indicators
22. Prevent and reduce problems and negative consequences for the relatives of drug addicts and alcoholics.	22.1 Activate specific support programs for the relatives of drug addicts and alcoholics.	*No. of support programs for the families of drug addicts activated.*

Action area: 3. Rehabilitation and social and work reintegration

N. Objectives	N. Actions	Main indicators
1. Guarantee organisational conditions and availability of human, technological, logistical and financial resources adequate for reintegration work.	1.1 Definition of precise budget headings or specific items by the various competent Administrations which are dedicated to the work on reintegration into society and work.	*Quantity of funds dedicated to reintegration work.*
	1.2 Define and publish specific regional action plans on reintegration, which are sustainable and coherent with the NAP.	*No. existing specific regional plans on reintegration work.*
	1.3 Activate a national fund to support improvement in reintegration work, created with funds confiscated from criminal organisations and which arise from drug-trafficking and dealing.	
2. Reduce criminal and illegal activities, besides prostitution, among drug addicts through the promotion of specific programs of reintegration into society and work.	2.1 Increase the initiatives and the reintegration work at Addiction Departments.	*No. of specific programs of rehabilitation and social reintegration activated at Addiction Departments.* *No. of specific programs of work reintegration activated at Addiction Departments.* *Types of specific programs of social reintegration activated at Addiction Departments.* *Types of specific programs of work reintegration activated at Addiction Departments.*
3. Standardise at national level the principles and main methods of rehabilitation and reintegration.	3.1 Define through the realisation of methodological guidelines, an agreed model for rehabilitation and social and work reintegration.	*No. of organisations belonging to the national reintegration network.*
	3.2 Organise and support a permanent national network of the organisations which deal with work reintegration.	*Quantity of funds dedicated to reintegration projects.*

Action area: 3. Rehabilitation and social and work reintegration

N. Objectives	N. Actions	Main indicators
4. Promote concrete actions and specific projects to increase rehabilitation activities (which precede reintegration) in both the social and interpersonal sphere of drug addicts in treatment (it should be recalled that the rehabilitation activities of drug addicts fall under the minimum healthcare standards - Prime Ministerial Decree of 29/11/2001) at Treatment services and at Therapeutic communities	4.1 Activate specific initiatives with permanent programs in treatment units (clinics, residential or semi-residential) aimed at rehabilitation and the acquisition of social and basic interpersonal skills to enable the start of reintegration work.	*No. of operating units active with standardised procedures and specific rehabilitation programs (% of total of operating units).* *Types of treatment units.*
5. Improve the education and professional skills of drug addicts in treatment.	5.1 Activate educational and professional training programs for drug addicts in treatment in cooperation with schools and professional organisations.	*No. training courses activated.* *No. participants.*
	5.2 Activate training courses in the IT sector and other activities in line with the needs and the characteristics of the local area.	*No. people trained.*
6. Promote the development of operating units which specialise in reintegration activities as part of Addiction Departments.	6.1 Define in every treatment unit (clinic or residential or semi-residential) an operational and formal document (Protocol on the reintegration service) containing the processes and methodologies used for reintegration, containing also the assessment indicators for outcomes.	*No. operating units created in Addiction Departments.* *No. orientation services for rehabilitation and reintegration in Treatment services and therapeutic communities.*
	6.2 Activate, where possible and compatibly with regional programs, public operating units which are integrated within Addiction Departments and which specialise in social and work reintegration.	
	6.3 Organise an integrated process for reintegration which starts in Treatment services and continues in therapeutic communities and/or in social cooperatives.	
	6.4 Creation of a service for orientation and accompaniment within Treatment services and/or Communities through tutors for drug addicts working towards reintegration into society and work.	

Action area: 3. Rehabilitation and social and work reintegration

N. Objectives	N. Actions	Main indicators
7. Supplement and coordinate reintegration work among the various local agencies (Treatment services and Therapeutic communities, local and provincial administrations, hospitals, business associations).	7.1 Training of socio-healthcare operators in rehabilitation and reintegration work.	*No. training courses activated.* *No. operators trained.*
	7.2 Organise a stable local coordination group to put type B social cooperatives into contact with public administrations, as potential providers.	
	7.3 Regulate and check the availability of protected jobs (monitoring of the understaffed companies pursuant to Law no. 68/99).	
8. Involve companies and public administrations (Town Council, Province, local health authority) directly in social and work reintegration for drug addicts, through the allocation of contracts to social cooperatives operating in this sector.	8.1 Allocation by public bodies of work contracts to type B social cooperatives which deal with the reintegration of drug addicts.	*No. companies and public administrations involved* *No. contracts allocated to social cooperatives per annum*
9. Encourage the reintegration of drug addicts into the work cycle of ordinary companies.	9.1 Create a network of contacts with companies to facilitate finding a job for drug addicts, also through the involvement of provincial administrations.	*No. companies involved*
	9.2 Sign memoranda of understanding with job centres.	*No. agreements signed*
	9.3 Develop a national network of therapeutic communities and/or social cooperatives which are strongly oriented to work reintegration.	
	9.4 Sign MoUs between local business associations and social cooperatives and/or therapeutic communities and/or reintegration units at Treatment services	
	9.5 Promote concrete actions in workplace environments against discrimination and stigmatisation of drug addicts, which can compromise the initiatives to reintegrate them into society and work.	

Action area: 3. Rehabilitation and social and work reintegration

N. Objectives	N. Actions	Main indicators
10. Direct organisations which deal with social and work reintegration to develop corporate social responsibility programs in order to promote the creation of organisations for reintegration which can produce income and thus self-finance their own activities.	10.1 Develop organisational units for reintegration set up in such a way that they carry out business which can create income and self-finance (at least in part) the structure which houses drug addicts undergoing rehabilitation/reintegration.	*No. organisations created.* *No. active self-financing organisations.*
11. Promote a specific national project for the rehabilitation and reintegration into society and work to support the process of national innovation in this sphere.	11.1 Activate a national network of structures which operate in accordance with the above objectives, and which are coordinated and integrated into the local area and strongly oriented towards work reintegration.	*No. structures involved which are part of the network.*
	11.2 Support directly with specific funds the organisational units which deal with reintegration, on the basis of the number of people involved in work reintegration.	*No. Regions and Autonomous Provinces which take part.*
	11.3 Verify the effectiveness of the activity through the assessment of the number of people included in rehabilitation programs and the number of people successfully reintegrated into work.	*No. people integrated into work/* *No. people involved in reintegration activities.*

Action area: : 4. Monitoring and assessment

N. Objectives	N. Actions	Main indicators
1. Promote increasing the monitoring and assessment capacity of national and regional systems.	1.1 Define and publish specific regional action plans on monitoring and assessment, which are sustainable and coherent with the NAP.	*No. regional plans existing.*
	1.2 Promote a national fund for the fight against drugs to support improvement in monitoring and assessment work, resourced with funds confiscated from criminal organisations arising from drug- trafficking and dealing.	*Volume of funds.*
2. Improve the quality of data and flows relating to the drugs phenomenon and to the activities and initiatives related to it.	2.1 Implement and maintain the information system on drug addiction (SIND). Launch a new information system based on individual data also for alcohol addiction (SINA).	*No. of Regions which can provide data in SIND format.* *Average percentage of cover of Treatment services per individual Region sent.*
	2.2 Define and build an integrated national database to collect (as copies) all the data flows on drug addiction and alcohol addiction and on the pathologies and related accident rates which come into the Central government (Ministry of Health, Ministry of the Interior, Ministry of Justice, Ministry of Infrastructure and Transport and other sources) and from the Regions and Autonomous Provinces, which is centralised and usable at the Drug Policies Department.	*Percentage of completeness of the database (observed flows / expected flows).*
	2.3 Complete the realisation of the National Observatory on Drug Addiction (as envisaged by art. 1 of Presidential Decree no. 309/90) implementing at the same time a network of regional Observatories.	*No. of regional Observatories (or similar structures) activated.*
	2.4 Realise a new data flow from Therapeutic communities which can monitor admittances, days of treatment, effectiveness and costs as well as amounts owed in regard to public administrations	*No. of Communities which can transmit data.* *Quality level of the data transmitted.*
	2.5 Define and agree on a common basic format for standard individual epidemiological reports to represent the epidemiological situation of the individual Regions, using a minimum and shared set of indicators.	*No. of Regions participating and which use such reports.*

Action area: : 4. Monitoring and assessment

N. Objectives	N. Actions	Main indicators
2. Improve the quality of data and flows relating to the drugs phenomenon and to the activities and initiatives related to it.	2.6 Increase dealings and cooperation with the EMCDDA, also through the concrete support of the Reitox Focal Point.	*No. of collaborations activated and participation in meetings.*
3. Realise standard periodic reporting on the epidemiological situation nationally and at the level of the individual Regions and Autonomous Provinces, on the basis of European standards, which can more promptly provide feedback to operating units at the Regions and the Central government department which contribute to the supply of data and to the management of systems.	3.1 Guarantee the realisation and dissemination (also online) of the Annual Report to Parliament on the general state of Italy and the initiatives realised in relation to the drugs phenomenon.	*No. of institutional contacts realised / required information.*
	3.2 Realise and disseminate the National Report for the European Observatory on Drugs and the Drug addiction.	*Quality level of analyses carried out.*
	3.3 Realise the EMCDDA reports on the basis of the 5 standard indicators.	
	3.4 Determine the estimate of the prevalence of drug use in the general population.	
	3.5 Determine the estimate of the prevalence of drug use in the student population.	
	3.6 Activate experimental studies to assess the presence of drugs in waste water and in the air, matching such results with the general and student population prevalence studies.	
	3.7 Assess and monitor prevalence data from toxicological tests on workers with at-risk duties.	
	3.8 Assess and monitor prevalence data from toxicological tests on the drivers of cars and other vehicles.	
	3.9 Monitor the trend in seizures and drug combating activity.	

Action area: : 4. Monitoring and assessment

N. Objectives	N. Actions	Main indicators
4. Maintain and extend the National Early Warning System (N.E.W.S. – Decision of the European Council 2005/387/JHA) in cooperation with the Superior Institute of Health, the Poison Centre of Pavia and the Addictions Department – Local health unit 20 of Verona.	4.1 Increase the national and interregional network of structures belonging to the System in relation to contact units (which send first level notifications), laboratories (which send second level notifications), emergency system structures, the Regions and Autonomous Provinces	*No. of operating units participating and cooperating.* *No. of notifications received..*
	4.2 Activate a national and institutional system / group for the study and monitoring of the online supply of drugs and medicines in cooperation with the Anti-drug Department of the Ministry of the Interior and the Telecommunications Police.	*No. of notes, warnings and alerts activated.* *No. of reports realised.*
	4.3 Realise and disseminate the EWS Annual Report and the Activity Report.	*No. of reports realised.*
5. Activate studies to define and build permanent systems for the assessment of the results of treatments (practical effectiveness) in relation to the use of the resources deployed and to the services provided.	5.1 Activate and maintain a national network for the finalisation and testing of a model and related system for the assessment of the practical effectiveness of treatments in Addiction Departments on the basis of the DPD's "OUTCOME" project.	*No. of Departments which use the assessment model.*
6. Activate analysis and subsequent redefinition of data flows to improve and speed up the monitoring of drug-related deaths.	6.1 Activate a specific project to redefine the flows on drug-related deaths by at the same time analysing and proposing legislative additions and changes (if necessary) in order to reduce the level of under-reporting and delay in notification.	*No. of operating units taking part in the project.* *No. of proposals made.*
7. Activate a system of monitoring imprisoned drug addicts.	7.1 Activate a permanent standard data flow, from the Regions and Autonomous Provinces to the DPD and to the Ministry of Health, of both aggregate data relating to people "clinically definable as drug addicts" (in accordance with ICD9) in prison (regardless of the crime committed), and of data per individual record (in line with the SIND standard and in compliance with the Law on Privacy).	*Percentage of Regions and Autonomous Provinces which take part in the collection of data.* *Level of completeness of the data collected.*
8. Activate a specific study, in order to have better information on minors in treatment or included in the minors justice circuit.	8.1 Assess the prevalence of minors in treatment at Treatment services, therapeutic communities or included in the minors justice circuit in order to better understand the main features, the healthcare, mental, educational and social issues, and access information to structure new and specific strategies, organisations and initiatives for this target.	*No. of operating units taking part.* *Level of completeness of the data.*

Action area: : 4. Monitoring and assessment

N. Objectives	N. Actions	Main indicators
9. Monitor and assess the achievement of the objectives of the National Action Plan.	9.1 Activate a project of specific monitoring to analyse the individual regional plans and those of the Autonomous Provinces in order to assess them in a standard way: their existence, coherence with the National Action Plan, level of realisation of the objectives, local changes made, quality and quantity of the data flows present and needed to assess the phenomenon and the initiatives, and innovative and strategically important aspects.	*No. of Regions taking part in the assessment.* *Level of coherence between the National Plan and Regional plans.*

Action area: : 5. Legislation, combating drugs and youth justice

N. Objectives	N. Actions	Main indicators
Legislation		
1. Modify the Consolidated Act on Drugs, approved by Presidential Decree no. 309 of 9 October 1990 and subsequent changes and additions, in relation to the changed needs and prospects of national policies to combat the phenomenon of drug addiction (also on the basis of the indications from the V National Conference on Drugs).	1.1 Modify art. 75 of Presidential Decree no. 309/90 in order to reintroduce the right for the Prefect to suspend administrative proceedings should the criminal adhere to a therapeutic or social rehabilitation program, as already envisaged by para. 9 of the pre-existing art. 75.	*Percentage of acts, additions and changes realised on the basis of those proposals.*
	1.2 Assess the possibility of modifying art. 75 of Presidential Decree no. 309/90 so as to envisage the application of fines, which are graded depending on the situation, including a contribution to the payment of the cost of the toxicological exams, regardless of the outcome, for people notified to the Prefect's Office. The sums which are received will be used, not only to offset the laboratory costs, but also to go into a national fund managed at the DPD and used for prevention projects and activities.	
	1.3 Assess the idea of modifying art. 75 of Presidential Decree no. 309/90 so as to envisage the use by the Prefect's Office of a "points" system to be allocated to the person who has been referred and which will be activated in the case of new violations with the application of heavier fines.	
	1.4 Modify and implement art. 75, para. 10 regarding the identification of the structures delegated to carry out medical, legal, toxicological and forensic checks on batches of seized drugs and the attribution of the related costs.	
	1.5 Modify articles 79, 82 and 84 of the Consolidated Act, respectively on favouring drug use, instigation, encouragement, induction, and a ban on advertising, in order to more effectively combat the organisation of events and commercial activities, also through websites, which promote drug use.	

Action area: : 5. Legislation, combating drugs and youth justice

N. Objectives	N. Actions	Main indicators
1. Modify the Consolidated Act on Drugs, approved by Presidential Decree no. 309 of 9 October 1990 and subsequent changes and additions, in relation to the changed needs and prospects of national policies to combat the phenomenon of drug addiction (also on the basis of the indications from the V National Conference on Drugs).	1.6 Modify articles 100 and 101 of the Consolidated Act on the destination of the assets and sums seized or confiscated in drug operations, in order to allocate part of them not only to enhancing the work to prevent and combat the crimes envisaged by the Consolidated Act, but also to the work to prevent drug use, and for treatment, rehabilitation and social and work reintegration of drug addicts, as well as research in the sector of neurosciences applied to the effects of drugs.	*Percentage of acts, additions and changes realised on the basis of those proposals.*
	1.7 Review the Consolidated Act to integrate and adapt it to the new and past changes in the law relating to competences and the role of general coordination of drug policies exercised by the Prime Minister's Office.	
	1.8 Modify art. 49 of the Consolidated Act with regard to scientific research institutes and the allocation of drugs to them with the aim of fully identifying the types of applicant structures, the definition of guidelines for experimental activities and the related procedures of authorisation and control.	
	1.9 Arrange to republish in the Official Gazette the updated text of the Consolidated Act in order to include the changes and additions which have taken place after 15 March 2007 (date of the last reprint).	
2. Prepare a stringent regulation which can combat the proliferation of smart shops in Italy dedicated to the sale, also online, of drugs which are dangerous to health.	2.1 Prepare a suitable regulation to guarantee that the commercial running of smart shops does not entail risks for human health or translate into the promotion of the use, cultivation and production of drugs.	*Percentage of acts, additions and changes realised on the basis of those proposals.*
	2.2 Identify legal instruments to monitor, also for the purposes of prevention, the market of so-called "smart drugs" and monitor their sale both online and in smart shops, continuing the DPD "Smart Search" project and in close cooperation with the National Early Warning System.	

Action area: : 5. Legislation, combating drugs and youth justice

N. Objectives	N. Actions	Main indicators
2. Prepare a stringent regulation which can combat the proliferation of smart shops in Italy dedicated to the sale, also online, of drugs which are dangerous to health.	2.3 Draft guidelines for the orientation of operations and monitoring of smart shops, envisaging also, on the one hand, the necessary interactivity between the work of the police and that of the National Early Warning System and, on the other, the continuity of the DPD's "Drugs & Internet" project.	*Percentage of acts, additions and changes realised on the basis of those proposals.*
3. Facilitate the procedure to update the drugs tables attached to the Consolidated Act in order to guarantee timely inclusion in these lists of the new drugs which appear on the illegal market.	3.1 Define and activate a procedure based on innovative criteria of risk assessment, agreed with the other institutional subjects indicated by the law, in order to facilitate the procedure for the inclusion in the ministerial tables of the new drugs which are illegal or dangerous to health, as identified and surveyed by the Early Warning System and/or by the Ministry of Health, also through information from competent EU Institutions or international organisations.	*Percentage of acts, additions and changes realised on the basis of those proposals.*
	3.2 Reassess and redefine (Ministerial Decree of 11 April 2006) the threshold for the drugs listed, taking into consideration those which do not have a threshold and the values of those already indicated by the law, in the light of any scientific progress and of the applied experience of four years.	
4. Adjust the domestic law on drug precursors to EU regulations.	4.1 Continue monitoring, in coordination with the competent administrations, the legislative activities to adjust the domestic law on drug precursors to the following EU regulations 1. no. 273/2004 of the European Parliament and of the Council of 11 February 2004; 2. no. 111/2005 of the Council of 22 December 2004; 3. no. 1277/2005 of the Commission, of 27 July 2005, as modified by EU regulation no. 297/2009 of the Commission of 8 April 2009.	*Percentage of acts, additions and changes realised on the basis of those proposals.*

Action area: : 5. Legislation, combating drugs and youth justice

N. Objectives	N. Actions	Main indicators
5. Monitor the legislative activities to implement the Framework decision 2004/757/JHA of the Council of the European Union of 25 October 2004, regarding the setting of minimum laws relating to the elements which constitute crimes and the sanctions applicable for drug- trafficking.	5.1 Partecipare alle procedure e alle attività necessarie all'adozione dei decreti legislativi per l'attuazione della Decisione quadro 2004/757/GAI, nell'ambito della delega governativa prevista dalla legge 4 giugno 2010, n. 96 recante "Legge Comunitaria 2009".	*Percentage of acts, additions and changes realised on the basis of those proposals.*
6. Manage and finalise resources of the fund against night-time accidents, set up in the Prime Minister's Office with Law no. 160 of 2 October 2007, converting Law Decree no. 117 of 3 August 2007 and subsequent additions and changes.	6.1 Make executive the law regulating the effective resourcing of the fund with income from increases in the fines envisaged by Law Decree no. 117/2007 and by the Highway Code.	*Percentage of acts, additions and changes realised on the basis of those proposals.*
	6.2 Create permanent interministerial coordination at the DPD for the handling and use of resources belonging to the Fund, also in order to promote specific projects on prevention and research.	
7. Modify and supplement the Decree of the Ministry of Health of 16 November 2007, which regulates the delivery/custody by authorised public or private structures of medicinal drugs to patients who are addicted to opiates and undergoing home-based pharmacological treatment for such therapies, with particular reference to the inclusion of provisions to protect young children living with drug addicts.	7.1 Prepare, in cooperation with the Ministry of Health, opportune changes to avoid phenomena of the accumulation or diversion of medicines to the black market or domestic accidents involving acute intoxication, in particular of young children who live with drug addicts undergoing treatment with medicinal drugs given to be taken at home.	*Percentage of acts, additions and changes realised on the basis of those proposals.*
	7.2 Realise at the same time technical and operational guidelines and informative materials for treatment structures aimed at preventing acute intoxication at home of young children who live with drug addicts.	

Action area: : 5. Legislation, combating drugs and youth justice

N. Objectives	N. Actions	Main indicators
8. Implement the legal provisions on road safety in relation to the laws governing driving under the effect of alcohol and drugs in order to make prevention and anti-drug activities more effective.	8.1 Monitor constantly the process for the drafting and approval of the decrees as set out in Law no. 120 of 29 July 2010 setting out "Provisions on road safety" for which the involvement of the Prime Minister's Office - Drug Policy Department is envisaged.	*Percentage of acts, additions and changes realised on the basis of those proposals.*
	8.2 1. Study and define new forms and technical instruments for clinical-toxicological tests to enable easier recording and their use as evidence of the consequences of driving if consuming drugs and/or alcohol (changes and additions to art. 187 of the Consolidated Act);	
	2. Modify art. 187 so that punishments are considered applicable not only to driving "in a drug-altered state", but also to driving "after taking drugs", regardless of the closeness in time of the drug-taking compared to when the check is carried out. In this way it is hoped to introduce a more extensive and prudent criterion in order to exclude from driving those who use drugs occasionally and are found positive to the test carried out after being stopped by the Police.	
	3. Study and define the toxicological tests to obtain certification for the purposes of acquiring a driving licence, in particular for scooters and motorbikes ridden by minors (changes and additions to articles 116 and 119 of the Consolidated Act, continuing the DPD's "Tox Test" project)	
	8.3 Prevent and combat the phenomenon of night-time accidents (Saturday night road massacres) also through the activation of new laws on the serving of alcoholic drinks, closing times of clubs, etc.	

Action area: : 5. Legislation, combating drugs and youth justice

N. Objectives	N. Actions	Main indicators
9. Develop programs and actions with a legal and social impact to repress the phenomenon of rave parties which are not authorised and/or not compliant with the law.	9.1 Study and prepare regulations and/or laws to control and regulate the phenomenon.	*Percentage of acts, additions and changes realised on the basis of those proposals.*
	9.2 Define and regulate the monitoring of raves through the Internet on the strength of the DPD's "Rave Party Prevention" project and in close connection with the Early Warning System.	
10. Remodulate the "Procedures for healthcare checks on the absence of drug addiction or drug-taking in workers whose duties entail particular risks for the safety, security and health of third parties", in adherence to the provisions of art. 41 of Legislative Decree no. 81/2008 as modified by the "corrective " Legislative Decree no. 106/2009, of the text of the provision no. 99/CU of 30 October 2007, setting out the «Agreement on checking the absence of drug addiction» and the agreement of 18 September 2008, no. 178/CSR.	10.1 Assess the state of implementation and the variants made by the regional administrations to the Agreement of 18 September 2008.	*Percentage of acts, additions and changes realised on the basis of those proposals.*
	10.2 Prepare the new texts, agreed among the competent central bodies, of the provisions to be brought to the attention of the State-Regions Conference for final approval, also taking into consideration the case for standardising, in terms of the methodology, the procedures for the issue of certification of being clean from alcohol and drug use, introduced by Law no. 120 of 29 July 2010, with reference to lorry drivers and those seeking the issue or confirmation of their right to drive in order to perform their professional activities.	
	10.3 Supplement annex I of the Agreement with the analogous list attached to provision no. 2540, setting out the agreement, which was approved on 16 March 2006, on the identification of jobs which entail a high risk of workplace accidents or for the safety, security or health of third parties, for the purposes of banning drug-taking and the serving of alcohol and spirits.	
	10.4 Redefine the means (frequency and number of people to be examined per annum) of toxicological testing in relation to the increased number of the people to be tested.	

Action area: : 5. Legislation, combating drugs and youth justice

N. Objectives	N. Actions	Main indicators
10 Remodulate the "Procedures for healthcare checks on the absence of drug addiction or drug-taking in workers whose duties entail particular risks for the safety, security and health of third parties", in adherence to the provisions of art. 41 of Legislative Decree no. 81/2008 as modified by the "corrective " Legislative Decree no. 106/2009, of the text of the provision no. 99/CU of 30 October 2007, setting out the «Agreement on checking the absence of drug addiction» and the agreement of 18 September 2008, no. 178/CSR.	10.5 Monitor the results of the provision (number of people tested, level of positives, organisational issues and legal disputes which have been generated, consequences on those found with drug addictions, etc.), continuing the DPD's "Monitoring and assessment of Drug Tests on Workers with at-risk duties" project to oversee the effects caused by the approval of the law regulating healthcare checks on the absence of drug addiction or drug-taking in at-risk workers.	*Percentage of acts, additions and changes realised on the basis of those proposals.*
	10.6 Monitor the compliant incorporation and implementation of the provisions regarding the carrying out of tests in compliance with the protocols by the Regions and Autonomous Provinces.	
11. Increase the accessibility and use of alternative measures to prison by drug addicts who have committed crimes.	11.1 Remodulate the law in order to make the possibility of access to alternative measures to prison easier to use for drug addicts who have committed crimes with the particular prerequisites envisaged by the Consolidated Act on drugs and the relevant law (on the model of the DAP 1 project)	*Percentage of acts, additions and changes realised on the basis of those proposals.*
	11.2 Promote and complete a State-Regions Agreement to make efficient and effective throughout Italy the access flows to Therapeutic communities under the measures allowing alternatives to prison and, at the same time, create a constant flow of data to the National Observatory for the monitoring of the impact of the change in the law.	
	11.3 Promote and support the activation of an IT system to record the availability of inclusion in therapeutic communities which operate locally, with the aim of facilitating and speeding up the procedures of granting house arrest at a residential structure (art. 89) or of trial custody (art. 94) by the supervising judiciary.	

Action area: : 5. Legislation, combating drugs and youth justice

N. Objectives	N. Actions	Main indicators
12. Ask the Regions and Autonomous Provinces which have still not arranged to do so, to incorporate and activate the Agreements of 21 January 1999 and of 5 August 1999 regarding the criteria for the authorisation to operate and institutional accreditation.	12.1 Verify the state of effective incorporation and compliance with the Agreements.	*Percentage of acts, additions and changes realised on the basis of those proposals.*
	12.2 Activate incentive procedures for the Regions and Autonomous Provinces which are in default or non-compliant.	
	12.3 Acquire details on the weaknesses recorded by non-profit organisations and the willingness of the Regions for a legal updating of the minimum standard prerequisites for the authorisation to operate and accreditation of the private assistance services for drug addicts as envisaged by the State-Regions Memorandum of Understanding of 5 August 1999.	
13. Agree with the Regions and Autonomous Provinces on the allocation of a tied percentage for the fight against drugs, of around 1.5% of the Social fund envisaged by Law no. 328/2000, aimed at prevention, treatment, rehabilitation and reintegration, to the treatment of drug addicts.	13.1 Launch, on the basis of the results of the Conference of Trieste, a feasibility study and formal contacts with the competent organisations and institutions to formulate a draft law to be agreed with the State-Regions Conference aimed at allocating a tied percentage of the resources belonging to the social fund envisaged by Law no. 328/2000.	*Percentage of acts, additions and changes realised on the basis of those proposals.*
	13.2 Prepare and sign the Agreement.	
14. Define regulatory guidelines for checks on drug and alcohol-related deaths.	14.1 Define the new model of the toxicological checks so as to be able to have available a flow of data to enable the issue of under-reporting to be overcome, as well as the delay in notification and the difficulty of connecting the notification of death to the Anti-drug Department of the Ministry of the Interior with data from toxicology tests in autopsy reports.	*Percentage of acts, additions and changes realised on the basis of those proposals.*
15. Redefine the law for the checks on deaths in drug and alcohol-related road accidents.	15.1 Make possible and obligatory toxicological tests in the case of fatal road accidents on drivers who have died and those who have survived.	*Percentage of acts, additions and changes realised on the basis of those proposals.*
16. Envisage the obligatory inclusion of information sheets on the damage caused by drugs and alcohol in textbooks for level I secondary schools.	16.1 Supplement the law in order to include as an obligation for publishers in level I secondary schools textbooks of summary sheets on the prevention of damage and on the risks arising from taking drugs and alcohol.	*Percentage of acts, additions and changes realised on the basis of those proposals.*
	16.2 DPD to draft and write information sheets on the prevention of damage and on alcohol and drug-related risks for schools.	

Action area: : 5. Legislation, combating drugs and youth justice

N. Objectives	N. Actions	Main indicators
Prevention and combating drugs		
17. Maintain and increase the ordinary activities to combat drug production, trafficking and dealing.	17.1 Support and promote investigative work to combat the phenomena of illegal production, trafficking and dealing.	*No. notifications.* *No. arrests.* *No. operations.* *No. seizures.*
	17.2 Support and promote ordinary activities for the seizure of illegal drugs and those which are dangerous to health.	*Quantity of drugs seized by type.*
	17.3 Increase the monitoring of borders and the local territory.	*No. of operations.*
18. Intensify and develop the internal and international operational coordination among the organisations responsible for combating drugs.	18.1 Further develop the internal and international coordination of drug investigations in order to maximise the results of combating drugs and avoid overlaps of resources and diseconomies of scale.	*No. convergences in coordination.* *No. operational activations.*
	18.2 Direct and implement local investigations by means of specific intelligence work which is fed by the increase in contacts with the competent authorities of foreign states, including through drug experts.	
	18.3 Active participation in projects “COSPOL”, “AWF”, MAOC.-N”, CECLAD-M.	
	18.4 Organise and take part in operational international meetings for the handling of specific issues which emerge in particular in the countries of West Africa.	
	18.5 Take part in cooperation initiatives with other national organisations which assist in the monitoring of trafficking by sea and air with functions of prevention and combating illegal trafficking.	
19. Encourage control activity over synthetic drugs with particular reference to new emerging drugs.	19.1 Implementation of the “Logo System” aimed at sharing the morphology of synthetic drugs.	*No. seizures of synthetic drugs made.*
	19.2 Active participation in the “EUROPEAN DRUG PROFILE SYSTEM” project aimed at unifying systems of drug research and analysis.	

Action area: : 5. Legislation, combating drugs and youth justice

N. Objectives	N. Actions	Main indicators
20. Monitor the Internet in order to obtain a constantly updated framework of the drugs phenomenon on the Net.	20.1 Realise a technical system which is as complete as possible to monitor the drugs network, in accordance with the indications and in cooperation with the Prime Minister's Office Drug Policy Department Warning System (Projects: Drugs and the Internet, Rave Party Prevention and SmartSearch).	*No. of operations carried out on the Internet.*
	20.2 Obtain and keep constantly updated the framework of the drugs phenomenon on the Internet, also in relation to new harmful drugs known as "Smart Drugs".	*No. of new drugs identified and sent for listing.*
	20.3 Acquire information which can be investigated.	*No. of valid items of information identified.*
	20.4 Activate monitoring of online pharmacies for the illegal sale of medicines.	*No. of online pharmacies identified and monitored.*
21. Prevent the diversion of precursors, with particular attention to synthetic drug precursors.	21.1 Collaborate on international operations directed by the INCB with particular reference to the PRISMA and COHESION projects.	*No. of seizures and deliveries intercepted.*
22. Identify an appropriate allocation of resources and encourage the choice of the methods and techniques to combat drugs.	22.1 Develop further the strategic analysis: • of the data relating to the main areas of illegal cultivation and to the related levels of production • of the information on the transit of drugs and on the criminal organisations which manage the various stages; • of the movement of precursors and the basic chemical drugs; • of the main drug operations.	*No. situation points produced and information notes.*
	22.2 Develop further operational analysis of the investigative convergences which have come to light during the work of the units which operate locally.	

Action area: : 5. Legislation, combating drugs and youth justice

N. Objectives	N. Actions	Main indicators
23. Continue planning and organisation of training courses to improve the operational and analytical skills of police involved in combating drugs.	23.1 Activate courses for undercover agents.	*No. of courses started.*
	23.2 Organise courses on synthetic drugs and precursors.	*Monitoring of courses undertaken and number of participants.*
	23.3 Activate courses for heads of units which specialise in combating drugs.	*Assessment of satisfaction of the participants.*
24. Establish/intensify cooperative links with countries where drugs are produced or which are located on drug-trafficking routes.	24.1 Promote negotiations to conclude bilateral agreements or memoranda on police cooperation in combating the trafficking of drugs and their precursors.	*No. of the negotiations started/agreements concluded.* *Check on the state of implementation of the agreements concluded.*
	24.2 Organisation of "targeted" training courses for staff of drug units of countries which have been identified as a priority (West and Sub-Saharan Africa and Central America).	*No. of courses started.* *Monitoring of courses undertaken.* *Assessment of satisfaction of participants.*
	24.3 Cooperation with regional centres (such as SICA in Central America and CARICC in Central Asia) for the organisation of initiatives to train trainers.	
25. Contribute to the formation and coordination of international strategies to combat drug-trafficking.	25.1 Participation in international fora, guaranteeing involvement in work groups and roundtables operating at the EU, G8 and UN levels.	*Monitoring of participation in meetings.*
	25.2 Sharing and exchange of best practice at bilateral level with countries where drugs are sent and used.	*No. of bilateral meetings and monitoring of the requests sent to/from partner countries.*
	25.3 Participation in seminars, conferences and courses organised by equivalent drug-fighting bodies in partner countries and by international organisations.	*No. of the initiatives participated in.*

Action area: : 5. Legislation, combating drugs and youth justice

N. Objectives	N. Actions	Main indicators
26. Maintain the cooperation of the Anti-drug Department of the Ministry of the Interior with the National Early Warning System of the Drug Policy Department – Prime Minister's Office, in order to supplement the information arising from drug-combating work with work aimed at safeguarding public health.	26.1 Transmit promptly to the Warning System information on toxicological investigations into drugs seized and carried out by police laboratories and on people who overdose (accidentally or deliberately), in order to be able to activate as early as possible health warnings aimed at safeguarding the public health.	*No. notifications sent to the System.* *Average time for notification.*
	26.2 Circulate within the police network information produced by the Warning System.	*No. of notifications circulated out of total no. of notifications received.*
	26.3 Include and ensure the participation of the various police force laboratories in the network of laboratories of the Warning System.	*No. of laboratories which collaborate in the System out of total no. of the existing laboratories.*
27. Increase the number of highway checks on people driving under the effect of drugs and/or alcohol.	27.1 Increase the number of checks with breathalysers.	*No. checks carried out.*
	27.2 Increase the number of checks with drug tests (in accordance with the DOS Protocol of the Drug Policy Department – Prime Minister's Office, NNIDAC Project).	*No. of drivers checked.* *No. of people positive.* *No. licences withdrawn.* *No. of vehicles sequestered.*

Action area: : 5. Legislation, combating drugs and youth justice

N. Objectives	N. Actions	Main indicators
Youth Justice		
28. Focus rehabilitation programs more on the enhancement of the minor's personal, social and civil identity.	28.1 Implement projects of: • Educational accompaniment; • Orientation/training/work integration as alternative to school, free time, work.	*No. of underage drug-users who have entered the penal circuit and make use of the educational accompaniment service.* *No. of underage drug-users who have entered the penal circuit and make use of programs of orientation / training / protected work integration.* *No. and type of projects / programs / initiatives activated.*
29. Envisage the joint taking into treatment between the Youth Services of the Ministry of Justice and local authorities and/ or the competent services.	29.1 Envisage the presence of treatment service operators in Youth Courts. 29.2 Implement the number of protocols/agreements/ collaborations.	*No. treatment service operators in Youth Courts.* *No. protocols / agreements / collaborations with the local health authority, local authorities and/or competent services.* *No. minors who have used the joint treatment.*
30. Implement the Prime Ministerial Decree of 1 April 2008 "Means and criteria for the transfer to the national health service of healthcare functions, employment relations, financial resources and equipment and capital goods for healthcare in prisons".	30.1 Implement collaboration between the healthcare system and youth justice, with the following aims: • Support, monitoring and assessment of placements in therapeutic communities; • Increase the possibility of accepting minors into the therapeutic communities present in every Region • Identification of structures which specialise in the treatment of cases of dual diagnosis.	*No. of structures which specialise in accepting minors with dual diagnosis.* *No. of minors included in therapeutic and specialist communities.*

Action area: : 5. Legislation, combating drugs and youth justice

N. Objectives	N. Actions	Main indicators
31. Implement specific programs for the taking into joint treatment and accompaniment of foreign minors who use drugs, also at the end of the penal measure.	31.1 Realise guidelines in order to adopt a single and agreed criterion which is extended throughout Italy, to thus enable certainty on the part of operational and organisational contacts.	*No. operating units which have adopted, and operate according to, the guidelines.*
	31.2 Envisage support for foreign minors through cultural mediation activities.	*No. foreign minors who use cultural mediation.*

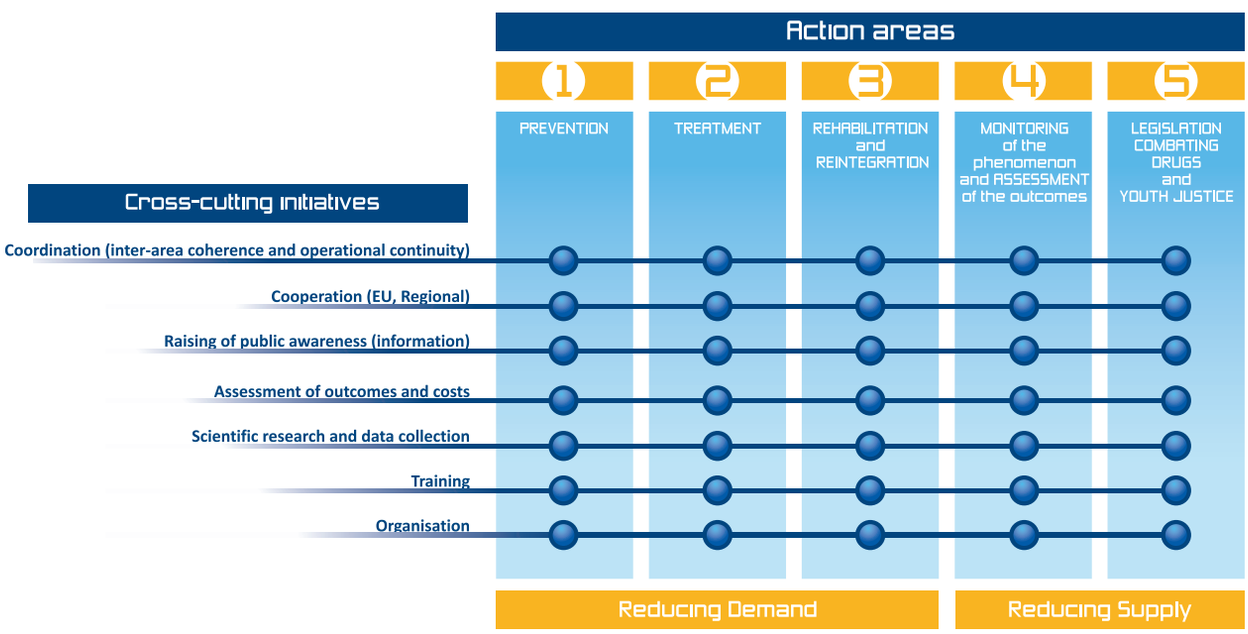
9 Cross-cutting actions

9. Cross-cutting actions

General indications for cross-cutting actions in the five action areas

For each of the five action areas there is envisaged a series of cross-cutting initiatives relating to coordination, cooperation, public awareness-raising, assessment of results and costs, scientific research and data collection, and training and organisation, in accordance with the model below. These cross-cutting initiatives provide indications for action which should be pursued for each of the areas in order to improve the general effectiveness of the Plan. It is clear that for each action area individual cross-cutting actions have differing meanings both in terms of the contents to be pursued and in terms of the key players involved in such actions, but it is necessary to develop co-operation, awareness-raising, assessment, scientific research, etc. of all the action areas, in order to give a strong and coordinated boost to the whole plan.

Figura 6: Action areas and cross-cutting initiatives.



The cross-cutting actions given below are those considered as the main ones and as a priority, in the knowledge that it will be necessary to supplement or reduce this list on the basis of the specific needs of each individual region. The actions, therefore, must not be considered as completely definitive, but only as strongly indicative.

Cross-cutting action	Action areas				
	Prevention	Treatment of drug-related diseases	Rehabilitation and social and work reintegration	Monitoring and assessment	Legislation, combating drugs and youth justice
1. Coordination and planning	Envisage and take part in the national coordination of actions of universal and environmental prevention and of institutional communication	Envisage and take part in the national coordination of actions relating to the negotiation of protocols for diagnoses and treatment of drug-related diseases.	Envisage and take part in the national coordination of actions to promote reintegration into society and work.	Envisage and take part in the national coordination of actions for monitoring and assessment.	Envisage and take part in the national coordination of actions to combat drugs.
	Guarantee coordination between the objectives of the individual regional action plans and those of the National Action Plan.	Guarantee coordination between the objectives of the individual regional action plans and those of the National Action Plan.	Guarantee coordination between the objectives of the individual regional action plans and those of the National Action Plan.	Guarantee coordination between the objectives of the individual regional action plans and those of the National Action Plan.	
	Activate at the DPD a group of permanent interministerial coordination.	Activate at the DPD a group of permanent interministerial coordination.	Activate at the DPD a group of permanent interministerial coordination.	Activate at the DPD a group of permanent interministerial coordination.	
	Activate at the DPD a permanent coordination group between the Central government, the individual Regions and Autonomous Provinces and the local authorities.	Activate at the DPD a permanent coordination group between the Central government, the individual Regions and Autonomous Provinces and the local authorities.	Activate at the DPD a permanent coordination group between the Central government, the individual Regions and Autonomous Provinces and the local authorities.	Activate at the DPD a permanent coordination group between the Central government, the individual Regions and Autonomous Provinces and the local authorities.	

Cross-cutting action	Action areas				
	Prevention	Treatment of drug-related diseases	Rehabilitation and social and work reintegration	Monitoring and assessment	Legislation, combating drugs and youth justice
2. Cooperation (EU, Regional)	Envisage the participation of the DPD and the competent Central Administrations in European coordination on prevention, thus guaranteeing representation on the various active institutional groups.	Envisage the participation of the DPD and the competent Central Administrations in European coordination on diagnosis and treatment of drug-related diseases, thus guaranteeing representation on the various active institutional groups.	Envisage the participation of the DPD and the competent Central Administrations in European coordination on social and work reintegration, thus guaranteeing representation in the various active institutional groups.	Envisage the participation of the DPD and the competent Central Administrations in European coordination on monitoring and assessment, thus guaranteeing representation in the various active institutional groups.	Envisage the participation of the DPD and the competent Central Administrations in European coordination on legislation and combating drugs, thus guaranteeing representation in the various active institutional groups.
	Envisage and guarantee on the part of the individual Regions and public administration cooperation towards the realisation of the activities envisaged in the National Action Plan on prevention, while respecting their autonomy and the planning and organisational competences of their systems.	Envisage and guarantee on the part of the individual Regions and public administration cooperation towards the realisation of the activities envisaged in the National Action Plan on diagnosis and treatment of drug-related diseases, while respecting their autonomy and the planning and organisational competences of their systems.	Envisage and guarantee on the part of the individual Regions and public administration cooperation towards the realisation of the activities envisaged in the National Action Plan on rehabilitation and reintegration, while respecting their autonomy and the planning and organisational competences of their systems.	Envisage and guarantee on the part of the individual Regions and public administration cooperation towards the realisation of the activities envisaged in the National Action Plan on monitoring and assessment, while respecting their autonomy and the planning and organisational competences of their systems.	Cooperation on the part of the Regions and public administration with Central Administrations to define changes and additions to the law on drug addiction.
	Promote and activate international cooperation in the various action areas (both in terms of reducing demand, and in terms of reducing supply) with Mediterranean countries.	Promote and activate international cooperation in the various action areas (both in terms of reducing demand, and in terms of reducing supply) with Mediterranean	Promote and activate international cooperation in the various action areas (both in terms of reducing demand, and in terms of reducing supply) with Mediterranean	Promote and activate international cooperation in the various action areas (both in terms of reducing demand, and in terms of reducing supply) with Mediterranean	

Possible system of DPD-Regional cooperation

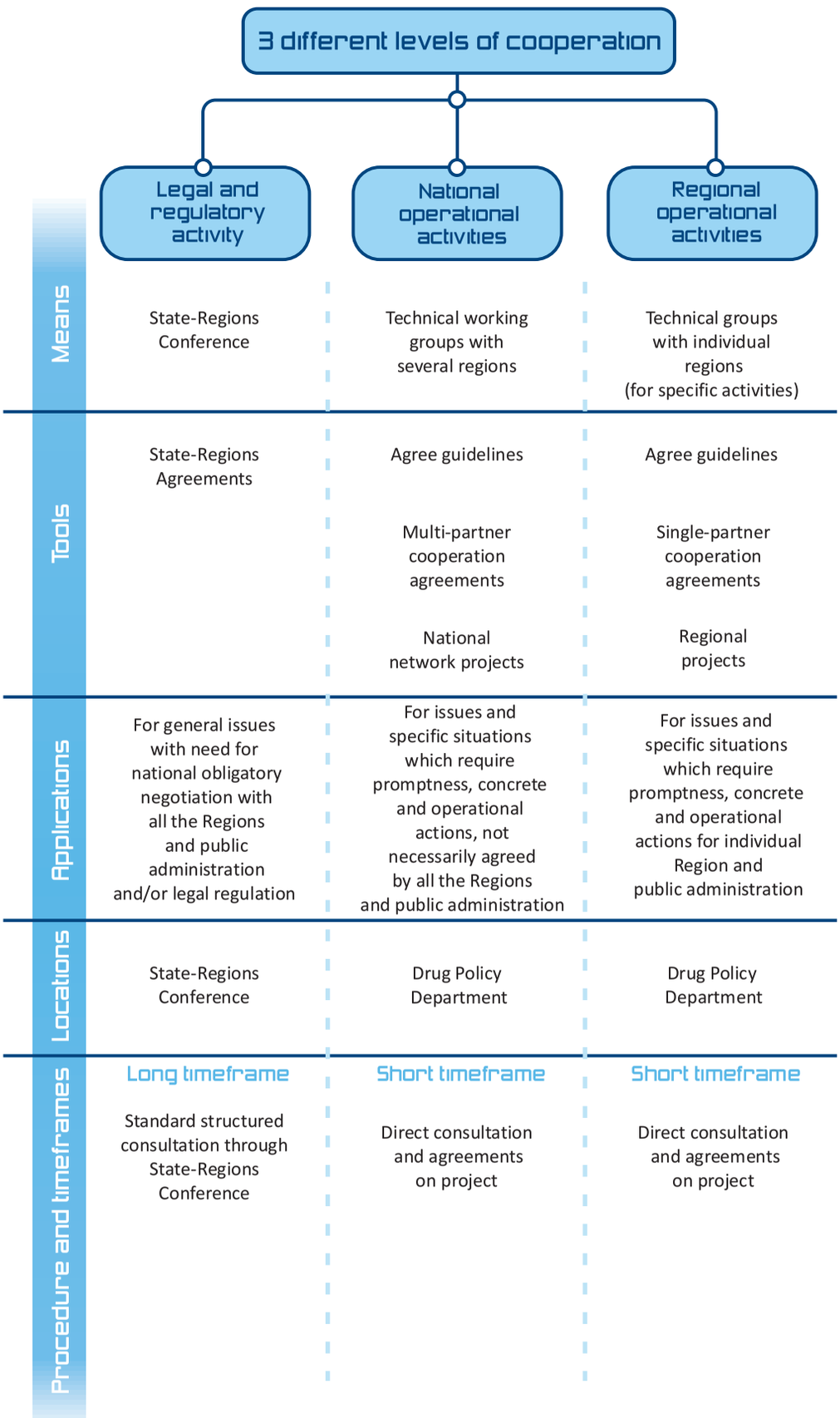
In order to improve the efficiency and negotiation of strategies and of the consequent actions at national level among the central government and the Regions, as frequently noted and called for during the V National Conference on Drugs, it is necessary to improve the current model of cooperation.

The fragmentation of initiatives and the sharp differentiation in regional systems have led in recent years to various problems being noted by operators at various levels. It is necessary and desirable, therefore, to introduce a new system of cooperation with the Regions and Autonomous Provinces which may make the joint strategies more concrete and the activities more effective in relation to the possible actions of prevention, treatment and rehabilitation throughout Italy, without prejudice to the possibility of autonomous planning on the basis of the strategic choices and specific needs of each individual Region.

The Drug Policy Department, due to the specific nature of its role and its functions of interministerial coordination, can therefore represent the preferred interface with the regional administrations to this end. For this reason, it is considered that cooperation may be expressed at three different levels: the first relates to the work of negotiation in the general legal/regulatory environment which is operational at the State-Regions Conference through agreements. The second level relates to more operational activities and to problems which require organised, agreed, rapid and effective responses, and which concern all the Regions or most of them, through technical work groups which work to draft and agree guidelines, and the activation and coordination of online projects. This level is dedicated to specific issues and situations, concrete and operational activities which can be faced together, also outside the institutional framework of the State-Regions Conference. Finally, the third level concerns activities and agreements with individual Regions on specific problems relating to the individual regional organisation and which are not necessarily shared or present in all the other Regions.

The figure below summarises the above concepts.

Figure 7: Possible system of the cooperation between the Drug Policy Department and the Regions and Autonomous Provinces.



Cross-cutting action	Action areas				
	Prevention	Treatment of drug-related diseases	Rehabilitation and social and work reintegration	Monitoring and assessment	Legislation, combating drugs and youth justice
3. Public awareness-raising	Envisage national and regional campaigns, which are permanent and repeated, on the risks and damage arising from drug use and alcohol abuse, and which are coherent in the key messages. Use clear, simple and unmistakable messages in relation to the need to consider any drug use and alcohol abuse as highly dangerous.	Raise awareness in the population and among operators of services on the need for early diagnosis and early discovery by parents of even occasional drug use by their children, above all if minors. Raise awareness in the population in regard to existing structures (both public and non-profit organisations) and to the possibility of treatment and of obtaining adequate services while respecting the individual's right to choose. Raise awareness in the population against discrimination and stigmatisation of drug addicts. Raise awareness in the population and public administrators on the activities undertaken by operators, on the high value and social utility of such activities and on the need to support such structures both in concrete terms and with manifestations of support.	Raise awareness in the population on the fact that drug addiction is a chronic (long-lasting) but curable disease and on the fact that every drug addict can be rehabilitated and reintegrated into society and work. Raise awareness in the population in regard to the existing structures (both public and private non-profit sector) and to the possibility of social and work reintegration. Raise awareness in the population and public administrators on the activities undertaken by operators, on the high value and social utility of such activities and on the need to support such structures both in concrete terms and with manifestations of support.	Raise public awareness on the need to handle the drugs problem by analysing the phenomenon based on scientific evidence and epidemiological quantification. Raise awareness among public administrators and decision-makers on the need to support their strategic choices and plans by making more use of scientific and epidemiological evidence.	Raise awareness in the population on the fact that every person who buys even a single dose of drugs for their personal entertainment, is helping to produce a flow of dirty money towards criminal organisations, mafia groups and terrorist organisations, and so is participating in supporting them and their activities of violence, violation of human rights, exploitation and blackmail of populations, solely on the basis of their trafficking and illegal earnings. Raise awareness in the population and public administrators on the activities undertaken by the police engaged in prevention and anti-drug work, on the high value and social utility of such activities and on the need to support such structures both in concrete terms and with manifestations of support.

Cross-cutting action	Action areas				
	Prevention	Treatment of drug-related diseases	Rehabilitation and social and work reintegration	Monitoring and assessment	Legislation, combating drugs and youth justice
4. Assessment of results and costs	Require as a financing criterion that prevention projects and activities are always accompanied by an assessment of the results and costs.	Introduce permanent systems to assess the practical effectiveness of treatments in relation to the services provided and to the costs generated.	Introduce permanent systems to assess the practical effectiveness of treatments in relation to the services provided and to the costs generated. Require as a financing criterion that social and/or work reintegration projects and activities are always accompanied by an assessment of the results and costs.	Assess and select monitoring systems on the basis of the completeness of the information generated, its real level of representativeness and reliability, its timeliness, the practical use of such information in supporting planning decisions and the accessibility and dissemination of reporting.	Maintain a systematic assessment of the volume of anti-drug activities, the seizures carried out and the main indicators showing drug-trafficking and dealing.

Cross-cutting action	Action areas				
	Prevention	Treatment of drug-related diseases	Rehabilitation and social and work reintegration	Monitoring and assessment	Legislation, combating drugs and youth justice
5. Scientific research	Develop research and studies into early behavioural disturbances as factors and markers of vulnerability to addiction. Promote and develop studies in the education field aimed at the development and dissemination of this approach to support parents and teachers. Envisage coordinated educational management which is based on methodologies for the correct identification and handling of behavioural disturbances. Envisage research and studies to activate and improve the strategies for diagnosis/early detection in order to reduce the time that passes between first drug use and first access to treatment or to educational initiatives.	Create and support a national network coordinated by the DPD of research centres which operate in the field of addiction. Create and promote international relations with research centres and institutes in the field of addiction. Promote and activate studies as a priority area of neurosciences and neuroimaging to study brain damage from drugs and mechanisms of craving and self-control of behaviour (resisting). Promote research into new pharmacological treatments and vaccines and at the same time into residential and mental rehabilitation treatments.	Develop and disseminate new models for: 1. Rehabilitation (acquisition of social skill and competences). 2. Reintegration into society and work.	Develop new models and techniques to assess measurements of the prevalence and incidence of drug use which are cheaper and more reliable than population-based investigations.	Direct the development of studies relating to analytical and toxicological techniques which are carried out through checks on drivers. Direct the development of studies as part of combating drugs on the Internet through specific projects which can analyse and understand the new means of supplying and distributing drugs.

Cross-cutting action	Action areas				
	Prevention	Treatment of drug-related diseases	Rehabilitation and social and work reintegration	Monitoring and assessment	Legislation, combating drugs and youth justice
6. Training	Activate training courses for operators on the techniques of diagnosis/ early detection, on behavioural disturbances in young children as markers of increased risk of drug use (alcohol, tobacco and drugs) and vulnerability to addiction, on the educational approach and on selective prevention, on the basis of the evidence arising from the neurosciences and behavioural sciences.	Activate courses on neurosciences and neuroimaging in addictions. Activate training courses for operators on the correct handling of pharmacological treatments and on residential treatments as well as on the assessment of the results of treatments and the costs. Set up specific first and second level university degrees and post-degree courses (specialisation, masters and PhDs) on addiction (medicine for addictions).	Activate training courses for operators on corporate social responsibility dedicated to therapeutic communities and to social cooperatives which deal with reintegration. Activate courses on the specific law on tenders in order to facilitate contracts from public administrations being awarded to type A and type B social cooperatives.	Activate training courses to support the implementation of the SIND, the management of regional Observatories and the national network, and the interaction and management of the National Early Warning System (N.E.W.S.).	Promote and increase training for supervisory magistrates. Promote and increase training for social assistants of the Drug Units in Prefects' Offices. Promote and increase training for Youth Justice operators. Promote and increase specific training as part of the techniques and methodologies to analyse and combat drugs, as well as for international cooperation.

Cross-cutting action	Action areas				
	Prevention	Treatment of drug-related diseases	Rehabilitation and social and work reintegration	Monitoring and assessment	Legislation, combating drugs and youth justice
7. Organisation	Activate a national institutional group to define and subsequently monitor technical and scientific guidelines on methodological aspects relating also to the planning, organisation and management of prevention activities. Promote in all Addiction Departments (through Regions and Autonomous Provinces), the creation of specialist organisational units to prevent drug use and drug addiction.	Promote integration between the public sector and non-profit organisations in order to guarantee continuity in assistance, through the activation of Addiction Departments, in compliance with the State-Regions Agreement of 5 August 1999 "Determination of minimum standard requirements for authorisation for operation and for accreditation of private assistance services to drug addicts". Assess and monitor the correct application of the minimum healthcare standards for addictions by the individual Regions and Autonomous Provinces Arrange and promote the involvement of general practitioners in the assistance work which is coordinated by Addiction Departments.	Promote the culture and practice of rehabilitation also in public services for drug addicts in treatment. This is also done through the inclusion and implementation of specific and structured rehabilitation programs in public services, in such a way that assistance processes are integrated with real "individual rehabilitation plans" for each person in treatment, in order to complete therapeutic and pharmacological programs. Activate and support local coordination groups (at provincial level) aimed at social and work reintegration, consisting of public services, non-profit and voluntary organisations, town and provincial administrations and business associations.	Promotion and realisation of a national network of regional Observatories and in the public administration, coordinated in relation to epidemiological methodologies and basic indicators, through a national network. Promotion and participation of the Regions and Autonomous Provinces in the National Early Warning System (NEWS).	Promote the creation of interdisciplinary work groups at the DPD on the legislation in order to identify additions and proposed improvements. Increase opportunities for discussion and negotiation on regulatory issues, among the Central government and regional Administrations, through a specific work group at DPD. Increase coordination and integration among the various police forces.

Chapter 2

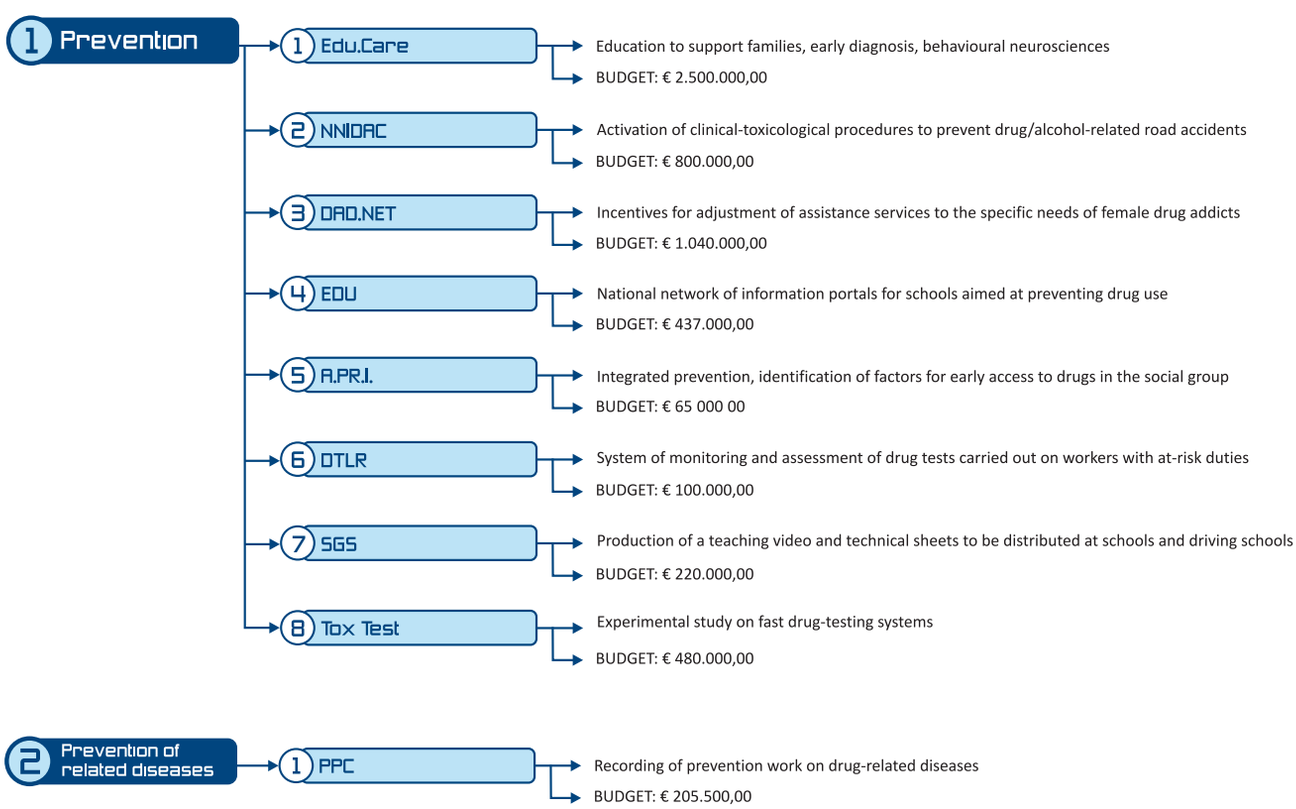
The new National Drug Action Plan

10 Plan of projects

10. Plan of projects

The plan of projects activated to support the NAP is organised into discreet areas and lists the various projects activated on the basis of the action priorities which emerged also from the indications from the V National Conference on Drug Policies. The projects have all been entrusted to highly qualified bodies and organisations (Cooperation Centres) with which the Drug Policy Department has signed conventions and cooperation agreements which govern any dealings.

All the Cooperation Centres operate under the direction and coordination of the Department which governs this detailed plan through technical and scientific coordination groups, with which every project is equipped, in order to guarantee optimal management of the project activities and ongoing control of the results. Projects have been favoured and promoted which can create a National Network from the various Operating units which are interested in mutual cooperation, with the intention of breaking free from approaches which are too often local or strictly territorial and which in the long run risk fragmenting the initiatives and creating major discrepancies of action in Italy.



3 Treatment and support of drug addiction services and communities

1. **Comorbidità-TS**
   - Psychiatric comorbidity and voluntary healthcare treatments for people with disturbances related to drug use
   - BUDGET: € 115.000,00
2. **Comunitalia**
   - Activation of national technical coordination of therapeutic communities
   - BUDGET: € 2.500.000,00
3. **Zero Coca**
   - Activation and support for a national network of services aimed at cocaine users
   - BUDGET: € 350.000,00

4 Reintegration

1. **RELI**
   - Promotion and realisation of a new model of integrated social and work reintegration
   - BUDGET: € 8.500.000,00

5 Epidemiology and assessment

1. **GPS - ITA**
   - Survey of general population aged 15-64 on drug use
   - BUDGET: € 116.490,00
2. **SPS - ITA**
   - Survey of school age population (15 -18) on drug use
   - BUDGET: € 115.500,00
3. **PDU**
   - Estimating methods for the epidemiological indicator “Problem Drug Use”
   - BUDGET: € 101.200,00
4. **Aquadrugs**
   - Assessment of drug use in population through analysis of waste water
   - BUDGET: € 130.000,00
5. **Ariadrugs**
   - Drugs in atmosphere of Italian cities: concentrations and modulations, sources, effects
   - BUDGET: € 238.980,00
6. **DROS**
   - Standardisation and implementation of new information flows on drug-related deaths
   - BUDGET: € 370.000,00
7. **SIND Support**
   - Support for implementation and launch of the “National Information System on Addictions”
   - BUDGET: € 1.000.000,00
8. **NIOD**
   - Activation and support of a national network of Regional Observatories on drug use
   - BUDGET: € 1.600.000,00
9. **Monitoraggio PAN**
   - Monitoring of public investments and actions of the 2010 National Action Plan against addictions
   - BUDGET: € 494.862,00
10. **Outcome**
    - Multicentre system to monitor the outcomes of treatments in relation to the services received
    - BUDGET: € 961.767,17

6 Warning system and technological innovation

1. **N.E.W.S. 2010**
   - Implementation and maintenance of the National Early Warning System and Rapid Drug Response
   - BUDGET: € 250.000,00
2. **N.E.W.S.** Area Bio-Tossicologica
   - National network dedicated to bio-toxicological aspects
   - BUDGET: € 100.000,00
3. **N.E.W.S.** Area Clinico-Tossicologica
   - National network of clinical-toxicological services related to drug intoxication
   - BUDGET: € 100.000,00
4. **Droga & Internet**
   - National network of information portals for schools aimed at preventing drug use
   - BUDGET: € 395.000,00
5. **Rave Party Prevention**
   - Monitoring and prevention of drug-trafficking online
   - BUDGET: € 345.000,00

7 Planning and organisation

1. **Integra**
   - Continuity in assistance and integration in Addiction Departments
   - BUDGET: € 300.000,00
2. **Ricostruire**
   - Initiatives to restore the network of drug addiction services following the 2009 earthquake in Abruzzo
   - BUDGET: € 400.000,00

8 Research

1. **Brainsearch**
   - Mapping of brain and identification of brain damage in drug addicts
   - BUDGET: € 90.000,00
2. **Caino**
   - Study of molecular mechanisms in brain alterations induced by drug use
   - BUDGET: € 60.000,00
3. **CiTos**
   - Assessment of the immune response to the HCV virus in the heroin addicted population
   - BUDGET: € 58.000,00
4. **Comet Study**
   - Assessment of early cytotoxic and genotoxic effects in subjects exposed to THC
   - BUDGET: € 41.000,00
5. **D-TMS**
   - Research into magnetic transcranic stimulation in assisting the treatment of drug addiction
   - BUDGET: € 90.000,00
6. **ECS-EMOTION**
   - The endocannabinoid system in regulating emotions: risk factors in early stages of development
   - BUDGET: € 85.056,00
7. **Farmagen**
   - Pharmacogenetic characteristics and response to pharmacological treatments with methadone and buprenorphine
   - BUDGET: € 68.000,00
8. **Generisk**
   - Assessment of genetic vulnerability related to use of cannabis
   - BUDGET: € 57.000,00
9. **Impact**
   - Progression in drug addiction: effect of exposure to cannabis and alcohol in adolescence
   - BUDGET: € 80.000,00
10. **MeSI**
    - Short and long-term impact of use of marijuana in adolescence on immune functions
    - BUDGET: € 62.000,00
11. **Neurotraining & TMS**
    - Use of low-intensity transcranic magnetic stimulation techniques in drug addicts
    - BUDGET: € 30.000,00
12. **Schizca**
    - Study of the clinical characteristics of schizophrenia induced by cannabis use
    - BUDGET: € 60.000,00
13. **Smart Search**
    - Search of pharmacologically active and potentially dangerous compounds in freely traded products
    - BUDGET: € 86.000,00
14. **THC Gate**
    - Influence of the sensitivity induced by exposure to tetrahydrocannabinol during adolescence
    - BUDGET: € 60.000,00
15. **VulCan**
    - Assessment of vulnerability to cannabis use and the development of addiction
    - BUDGET: € 60.000,00

9 Training and updating

1. **Drogenews**
   - New web tool aimed at implementing the supply of information on drugs
   - BUDGET: € 472.619,00

10 International activities

1. **Promo Eurodrugs**
   - Promotion and preparation of European projects on combating drugs
   - BUDGET: € 86.000,00
2. **MedNET**
   - Organisation of a series of training seminars for medical staff in Algeria, Morocco and Tunisia
   - BUDGET: € 60.000,00
3. **Joint UNODC-WHO** Programme
   - Program for treatment and assistance for drug addiction in Albania and Serbia

Figure 8: Network of the DPD's collaborative centres: Aquadrugs, Ariadrugs, Rave Party Prevention, Droga & Internet and Smart Search.

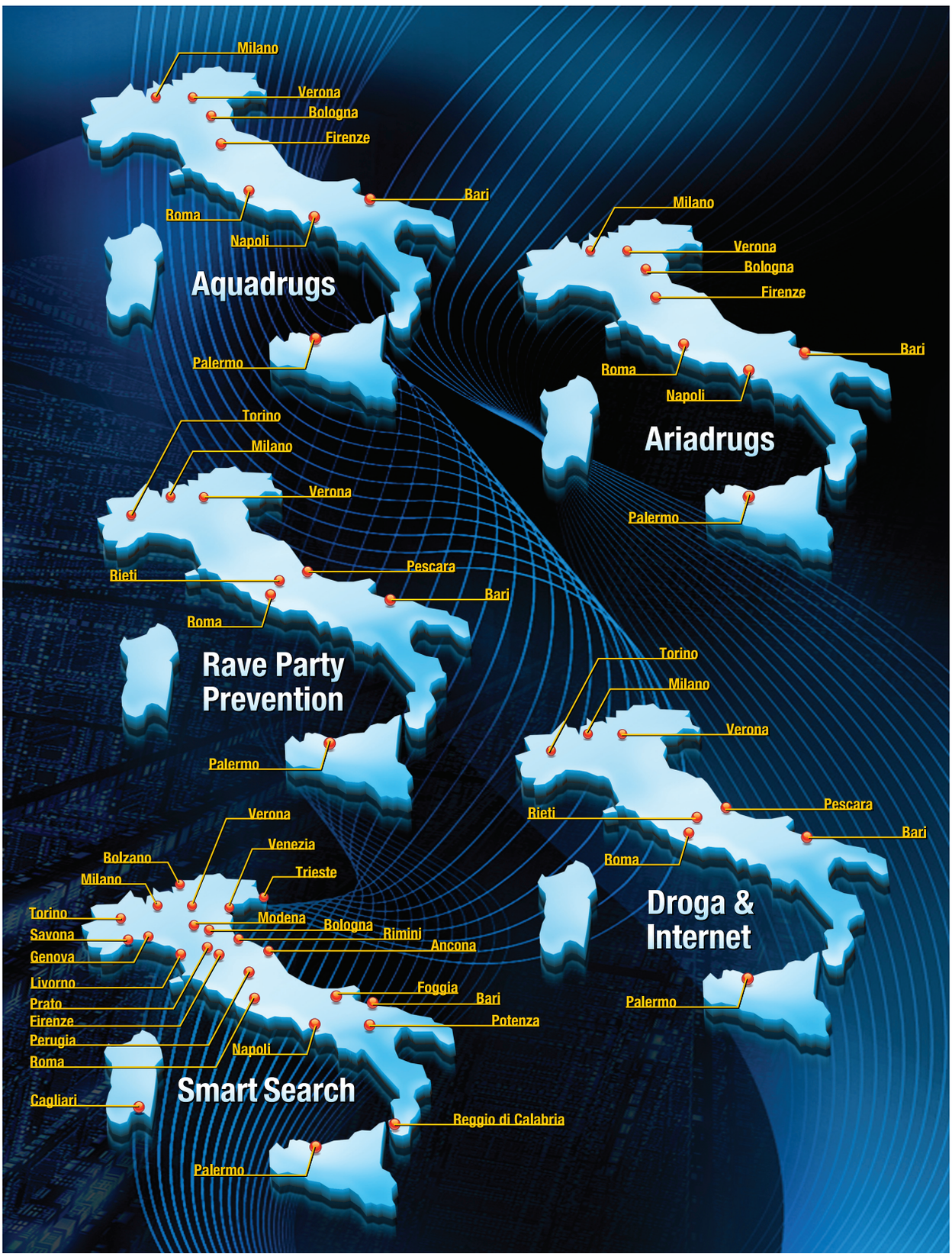
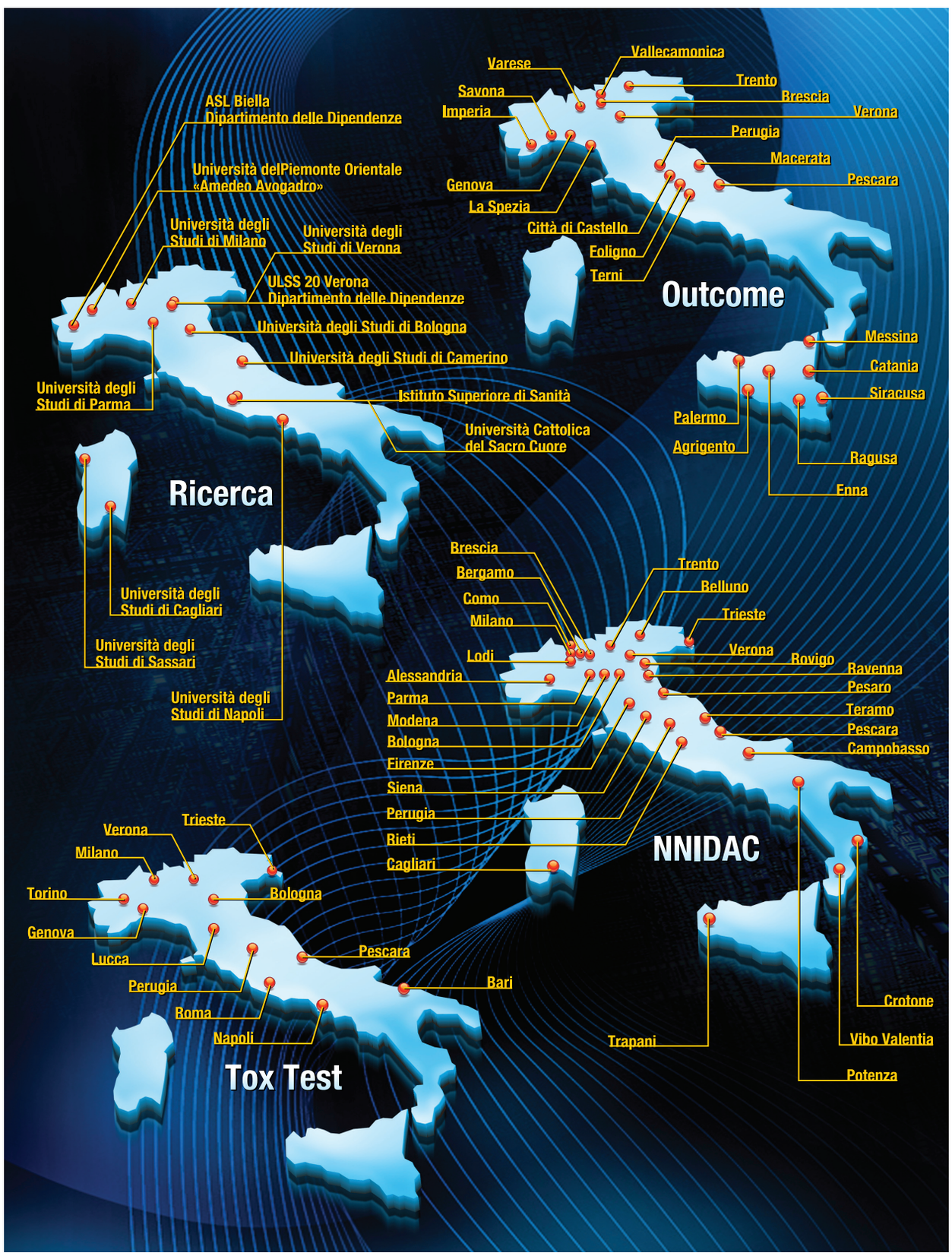


Figure 9: : Network of the DPD's collaborative centres: Outcome, research centres, NNIDAC and Tox Test.



Cooperation centres of the DPD.

Local administrations

Comune di Alessandria
Comune di Belluno
Comune di Bergamo
Comune di Bologna
Comune di Brescia
Comune di Cagliari
Comune di Campobasso
Comune di Como
Comune di Crotone
Comune di Firenze
Comune di Lodi
Comune di Milano
Comune di Modena
Comune di Parma
Comune di Perugia
Comune di Pesaro
Comune di Pescara
Comune di Potenza
Comune di Ravenna
Comune di Rieti
Comune di Rovigo
Comune di Siena
Comune di Teramo
Comune di Trapani
Comune di Trento
Comune di Trieste
Comune di Verona
Comune di Vibo Valentia
Comune di Torremaggiore

Regions, Autonomous Provinces and local health authorities (ASL)

Provincia Autonoma di Trento
APSS Trento
Servizio per le Tossicodipendenze

Regione Abruzzo
ASL Lanciano Vasto Chieti
Dipartimento delle Dipendenze
ASL Pescara
Servizio per le Tossicodipendenze
ASL Avezzano Sulmona L'Aquila
Servizio per le Tossicodipendenze

Regione Liguria
ASL La Spezia
Servizio per le Tossicodipendenze
ASL Genova
Servizio per le Tossicodipendenze
ASL Imperia
Dipartimento delle Dipendenze
ASL Savona
Servizio per le Tossicodipendenze

Regione Lombardia
ASL Brescia
Servizio per le Tossicodipendenze
ASL Milano
Dipartimento delle Dipendenze
ASL Milano 2
Dipartimento delle Dipendenze
ASL Provincia di Varese
Dipartimento delle Dipendenze
ASL Vallecamonica
Servizio Dipendenze

Regione Marche
ASUR Marche Zona Territoriale 9
Dipartimento delle Dipendenze
Servizio Gestione Progetti

Regione Piemonte
ASL Biella
Dipartimento delle Dipendenze

Regione Sardegna
Assesorato dell'Igiene e Sanità
e dell'Assistenza Sociale
ASL Carbonia
Servizio Dipendenze

Regione Siciliana
ASL Agrigento
Servizio per le Tossicodipendenze
ASL Enna
Servizio per le Tossicodipendenze
ASL Messina
Servizio per le Tossicodipendenze
ASP Palermo
Dipartimento delle Dipendenze
ASL Ragusa
Servizio per le Tossicodipendenze
ASL Siracusa
Dipartimento delle Dipendenze

Regione Umbria
ASL Terni
Dipartimento delle Dipendenze
ASL Città di Castello
Servizio per le Tossicodipendenze
ASL Foligno
Dipartimento delle Dipendenze
AUSL Perugia
Dipartimento delle Dipendenze

Regione del Veneto
ULSS 20 Verona
Dipartimento delle Dipendenze

International Organisations

Gruppo Pompidou
ITC ILO
UNICRI
UNODC
WHO

Private sector

Associazione Comunitalia CT
Croce Rossa Italiana

Other

Istituto Superiore di Sanità

Rete Ferroviaria Italiana
Gruppo Ferrovie dello Stato
Direzione Sanitaria

Universities

Alma Mater Studiorum
Università di Bologna
Facoltà di Farmacia
Dipartimento di Scienze Farmaceutiche

Centro Nazionale di Ricerche
Istituto Indagini Atmosferiche

Consorzio Universitario di Economia
Industriale e Manageriale

Centro Antiveleni di Pavia
I.R.C.C.S. Fondazione "Salvatore Maugeri"

Istituto di Ricerche Farmacologiche
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Università degli Studi di Cagliari
Facoltà di Farmacia
Dipartimento di Tossicologia

Università di Milano "Bicocca"
Dipartimento di Neuroscienze e Tecnologie Mediche -Sezione di Psichiatria

Università degli Studi di Milano
Dipartimento di Farmacologia Chemioterapia e Tossicologia Medica

Università degli Studi di Milano
Facoltà di Farmacia
Centro di Neurofarmacologia

Università degli Studi di Parma
Dipartimento di Genetica, Biologia dei Microrganismi, Antropologia, Evoluzione

Università di Roma "Tor Vergata"
Centro Interdipartimentale di Biostatistica e Bioinformatica

Università degli Studi di Sassari
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Chapter 2
The new National Drug Action Plan

11 Resources

11. Resources

In reference to the indicated means of financing the initiatives set out in this plan, as envisaged by article 2 of Law no. 451 of 23 December 1997, it is noted that the actions referred to and to be implemented under the legislation in force can be financed within the limits of the planned allocations. The commitments entered into with the presentation to Parliament of new legislative provisions, on the other hand, will be governed by compliance with the ordinary governance of financial planning.

Such commitments are, therefore, to be regarded merely as plans, since the forum in which the various needs of sector will be weighed up is the Treasury's Public Finance Decision, on the basis of which the draft law on financial stability will be defined.

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