European Monitoring Centre for Drugs and Drug Addiction

Italy

Italy Country Drug Report 2019

This report presents the top-level overview of the drug phenomenon in Italy, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2017 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

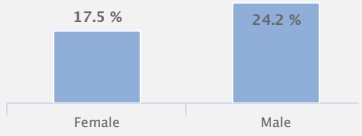
THE DRUG PROBLEM IN ITALY AT A GLANCE

Drug use

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

Cannabis

20.9 %



Other drugs

MDMA	0.8 %
Amphetamines	0.3 %
Cocaine	1.7 %

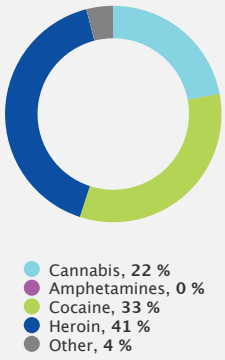
High-risk opioid users

235 000

(223 000 - 247 000)

All treatment entrants

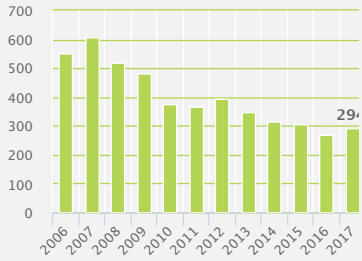
by primary drug



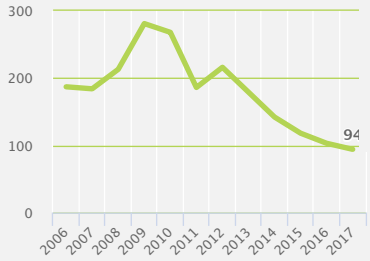
Opioid substitution treatment clients

69 642

Overdose deaths



New HIV diagnoses attributed to injecting



Source: ECDC

Drug law offenders

73 804

Top 5 drugs seized

ranked according to quantities meas
kilograms

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

Population

(15-64 years)

38 878 311

Source: Eurostat Extracted on: 18/03/2019

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

National drug strategy and coordination

National drug strategy

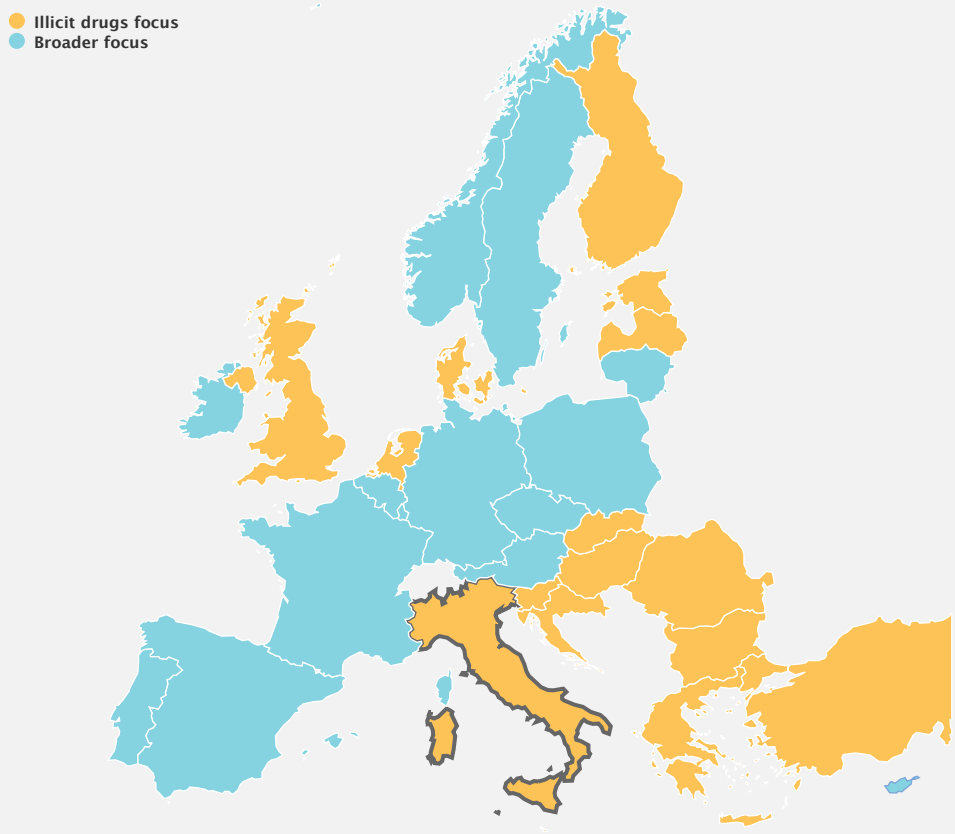
Launched in 2010, the Italian National Action Plan on Drugs originally covered the period 2010-13, but it remains in force pending the development of a new strategy. Eighty-nine objectives are set out in two pillars, demand and supply reduction, across five cross-cutting areas of intervention.

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

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

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

Focus of national drug strategy documents: illicit drugs or broader



NB: Data from 2017. Strategies with a broader focus may include, for example, licit substances and other addictions.

National coordination mechanisms

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

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

Public expenditure

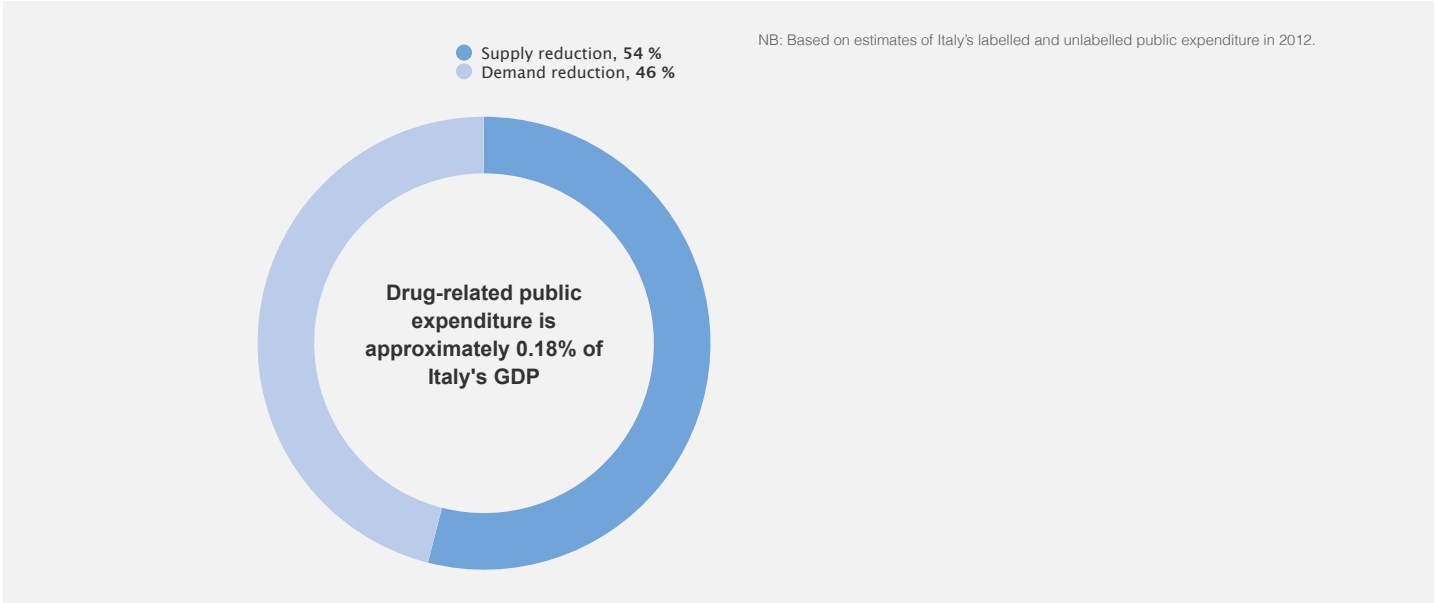
Understanding the costs of drug-related actions is an important aspect of the drug policy. Some of the funds allocated by governments for expenditure to tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled')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

In Italy, drug action plans do not have associated budgets. However, the methodology for estimating the social costs of drug use has been standardised for some years, and estimates of drug-related public expenditure were made between 2009 and 2012 but have not been updated since then.

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

In 2012, the social costs of drug use were estimated to amount to 1 % of GDP, which was less than in 2011. Several reasons for the reduction have been suggested, such as reduced spending by drug users to purchase illicit substances and a decline in public expenditure on drug-related initiatives.

Public expenditure related to illicit drugs in Italy



Drug laws and drug law offences

National drug laws

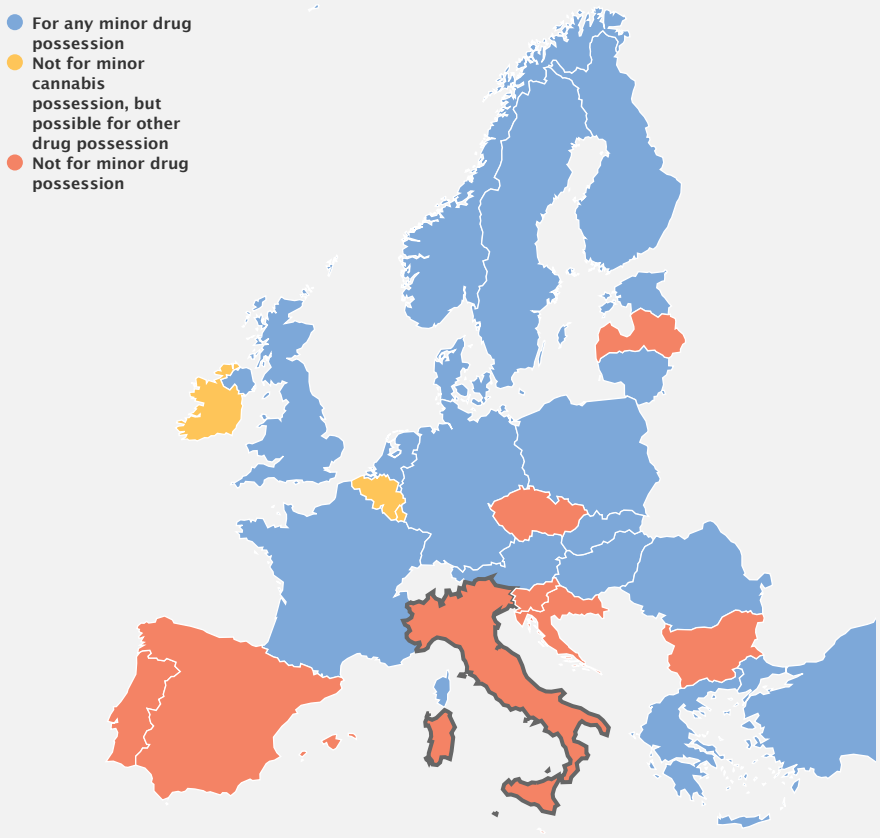
In Italy, the Consolidated Law, adopted by Presidential Decree No 309 on 9 October 1990 and subsequently amended, provides the legal framework for the trade, treatment and prevention, and prohibition and punishment of illegal activities in the field of drugs and psychoactive substances. Drug use itself is not mentioned as an offence, but possession for personal use is punishable by administrative sanctions (such as the suspension of a driving licence or other privileges). Since the implementation of Law 79 of 16 May 2014, a distinction is made between less dangerous drugs in Schedules II and IV and more dangerous drugs in Schedules I and III. Administrative sanctions for personal possession offences may be 1 to 3 months' loss of privilege for the former and 2-12 months' loss of privilege for the latter. If a person is found in possession of illicit drugs for the first time, administrative sanctions are not usually applied, but, instead, the offender receives a warning from the local Prefect and a formal request to refrain from use. A socio-rehabilitation and therapeutic programme may be offered in addition to administrative sanctions.

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

The penalty for supply-related offences, such as production, sale, transport, distribution or acquisition, depends on the type of drug, as specified by the schedules described above. In the case of more harmful drugs, such as cocaine and heroin, trafficking is punishable by 8-22 years' imprisonment, while offences related to the supply of less dangerous drugs (such as cannabis) attract a penalty of 2-6 years' imprisonment. However, when the offences are considered minor, the terms of imprisonment are 6 months' to 4 years' imprisonment (for all drug types). Evaluating whether or not the offence is minor in nature should take into account the mode of action, possible criminal motives, the character of the offender, conduct during or subsequent to the offence, and the family and social conditions of the offender.

In previous years, Italy addressed sales of new psychoactive substances using consumer safety laws, but since 2011 several generic substance groups have been added to the main drug control law.

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)



NB: Data from 2017.

Drug law offences

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

In 2017, there were more than 73 000 drug law offenders, the majority of whom were involved in offences related to the use/purchase/possession of drugs for personal use (52 %). More than half of all offences were cannabis related; the next most prevalent DLOs were cocaine- and heroin-related offences.

Drug use

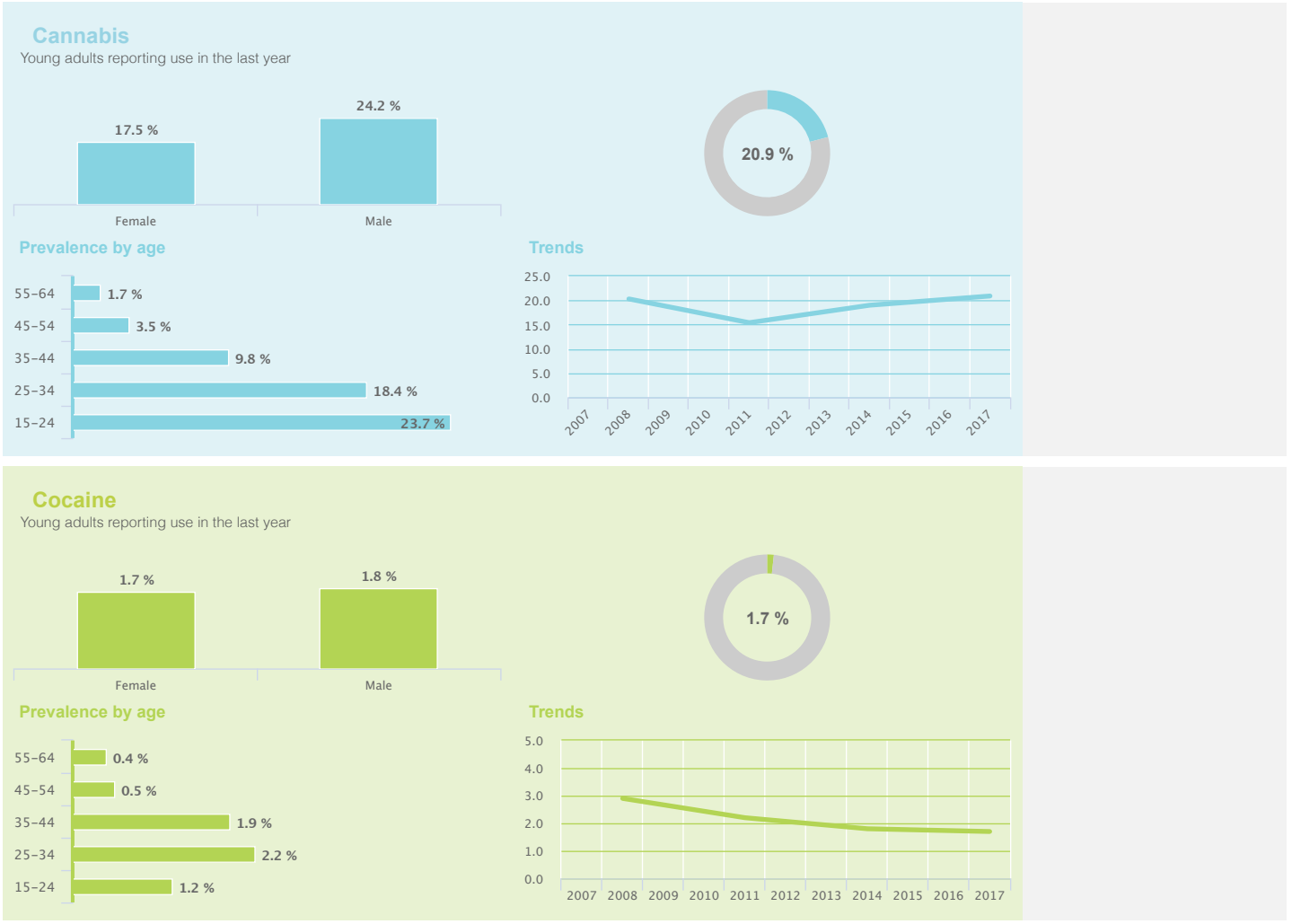
Prevalence and trends

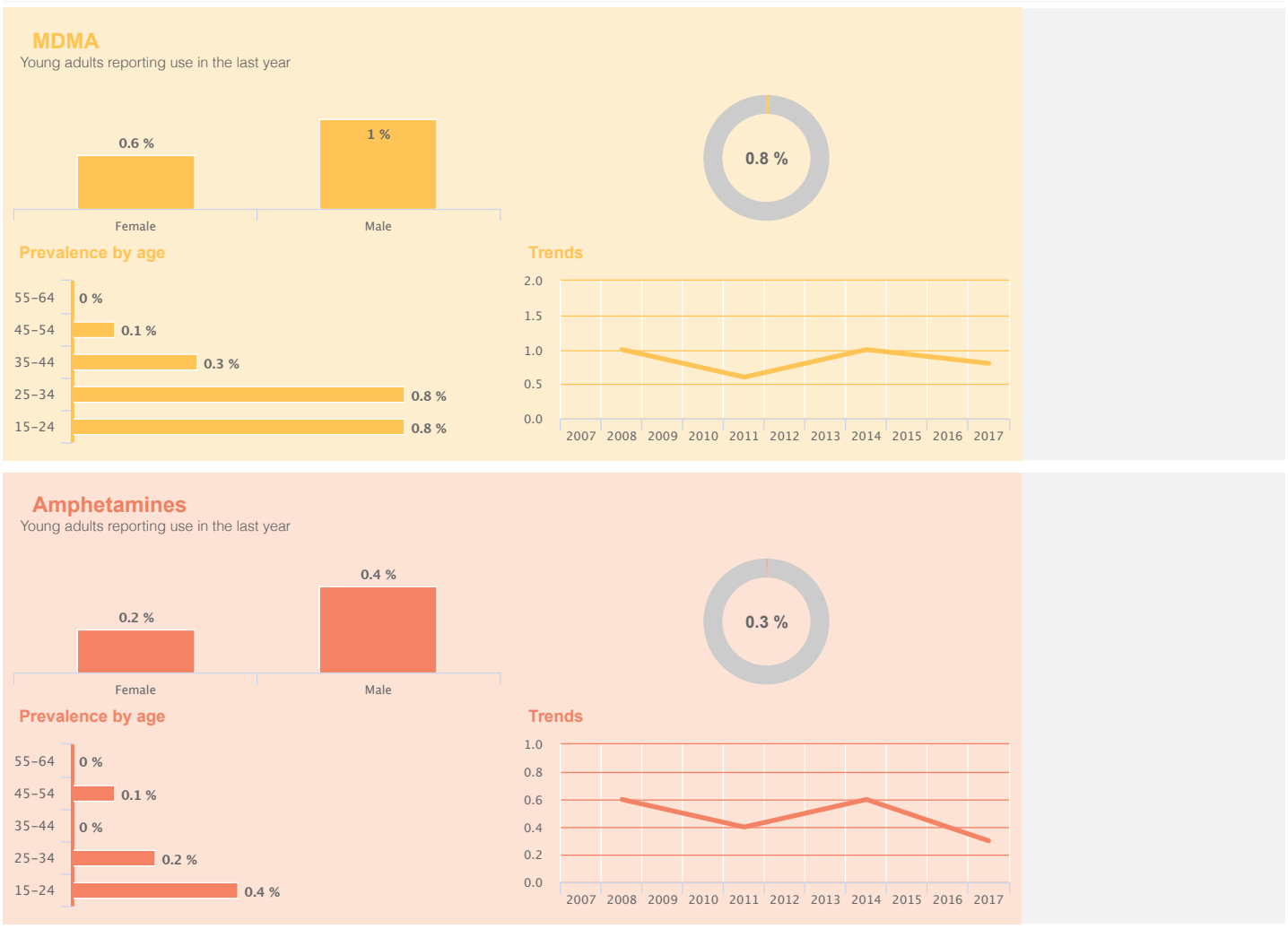
The 2017 general population survey on drugs found that a third of the Italian population aged 15-64 years had used a psychoactive substance at least once in their lifetime and 1 in 10 had done so in the last year. The majority of users are male. Cannabis is the most widely used substance, with 1 out of 10 people having used it at least once in the last year. The use of cocaine, opioids and spice (synthetic cannabinoids) is lower. Among adults reporting the use of illegal psychoactive substances in 2017, 1 in 10 reported polydrug use.

The 2017 school survey among students aged 15-19 years reported that cannabis is the most used substance among adolescents. One third reported having used cannabis at least once in their lifetime.

Milan has participated in the Europe-wide annual wastewater campaign undertaken by the Sewage Analysis Core Group Europe (SCORE) since 2011. Since 2018, data have also been available for for Bozen. This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. With regard to stimulants, the results show a considerable increase between 2015 and 2018 in cocaine metabolites detected in wastewater in Milan. Cocaine levels in Bozen in 2018 were similar to those in Milan. The levels of MDMA/ecstasy and methamphetamine detected have remained low since 2012, indicating limited use of these substances in Milan. No amphetamine was found in wastewater in Milan in 2018 and very low levels of the stimulant were found in Bozen. Use of all stimulants detected in wastewater in Milan and Bozen was higher at the weekends than on weekdays.

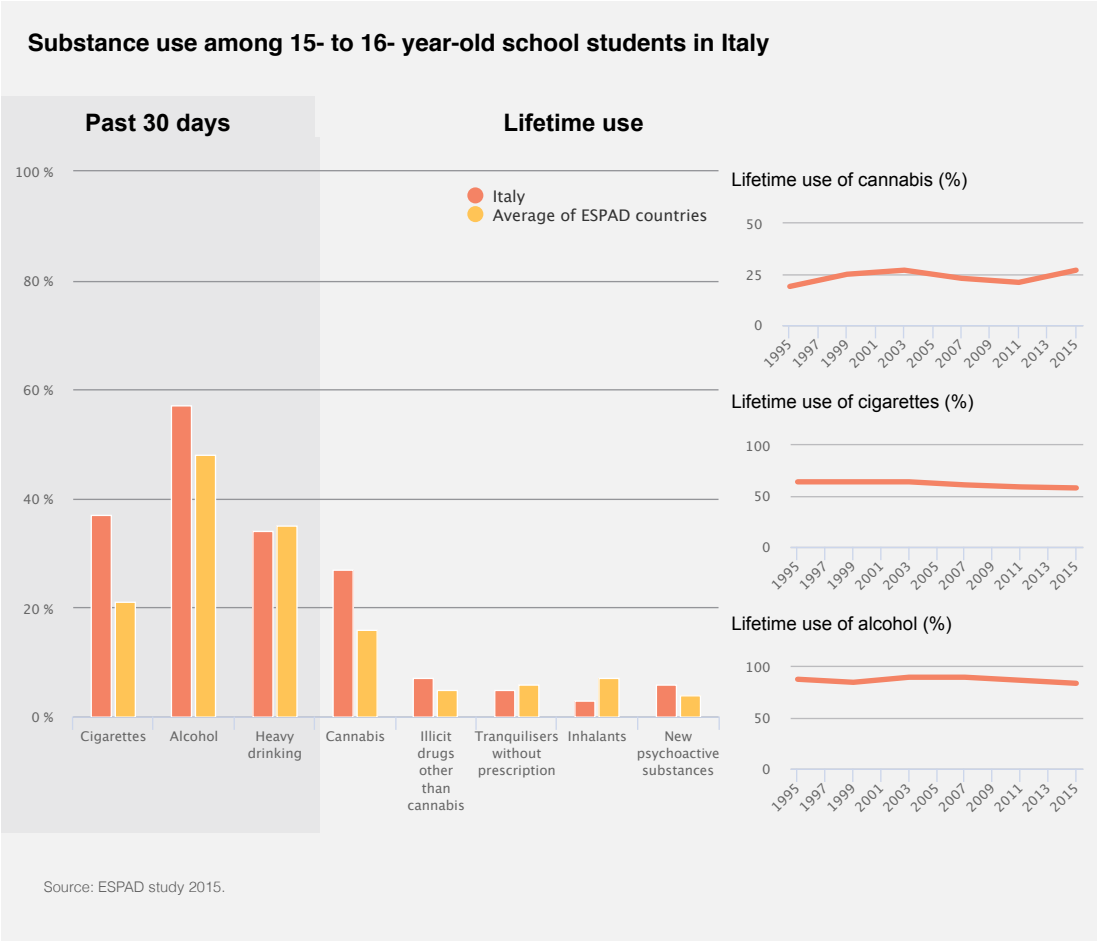
Estimates of last-year drug use among young adults (15-34 years) in Italy





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

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



High-risk drug use and trends

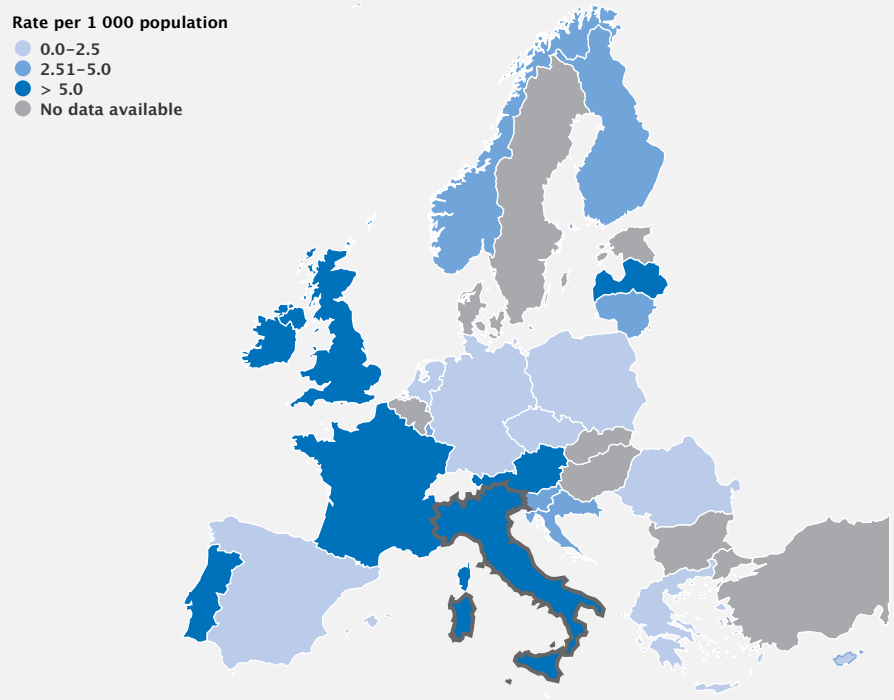
Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk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

In Italy, high-risk drug use remains predominantly linked to heroin use. The latest estimate based on a treatment multiplier suggests that there were approximately 235 000 high-risk heroin users in Italy in 2015. Based on the 2017 general population survey, it was estimated that 1.1 % of 15- to 64-year-olds use cannabis daily or almost daily.

Data from the specialised treatment centres indicate that in 2017 powder cocaine was the most commonly reported primary substance among first-time clients entering treatment, followed by heroin and cannabis. The number of cocaine-using first-time entrants increased again in 2017. Around 20 % of treatment clients in Italy report injecting the substance.

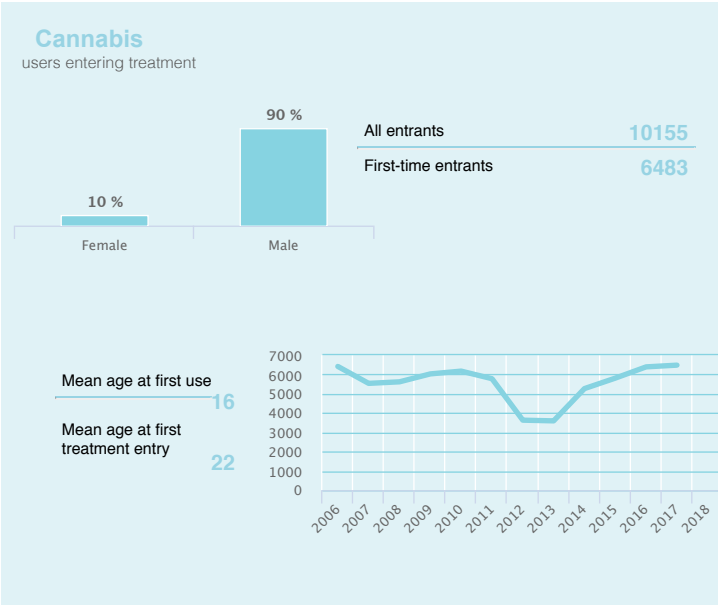
Approximately 1 in 10 clients entering drug treatment is female, but the proportion varies by primary drug. The long-term trend indicates a steady increase in the age of heroin users seeking treatment. However, because of substantial changes in the national reporting system in 2011/12, long-term trends derived from specialised treatment centres should be interpreted with caution.

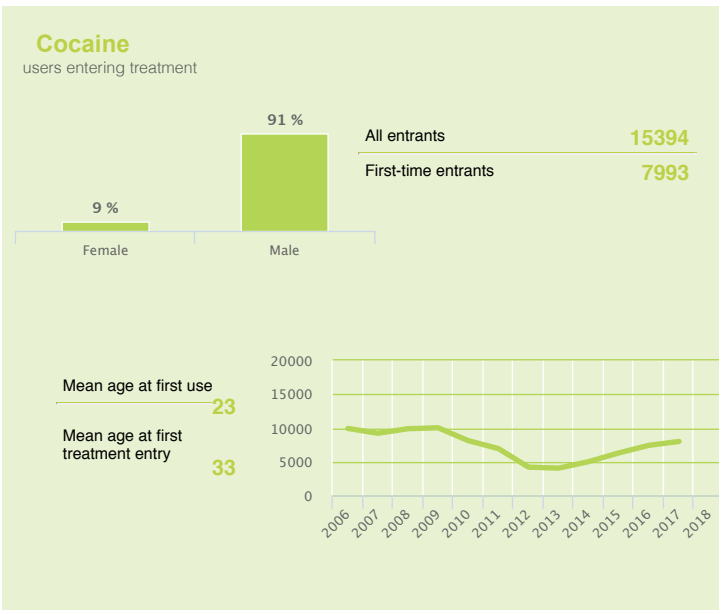
National estimates of last year prevalence of high-risk opioid use

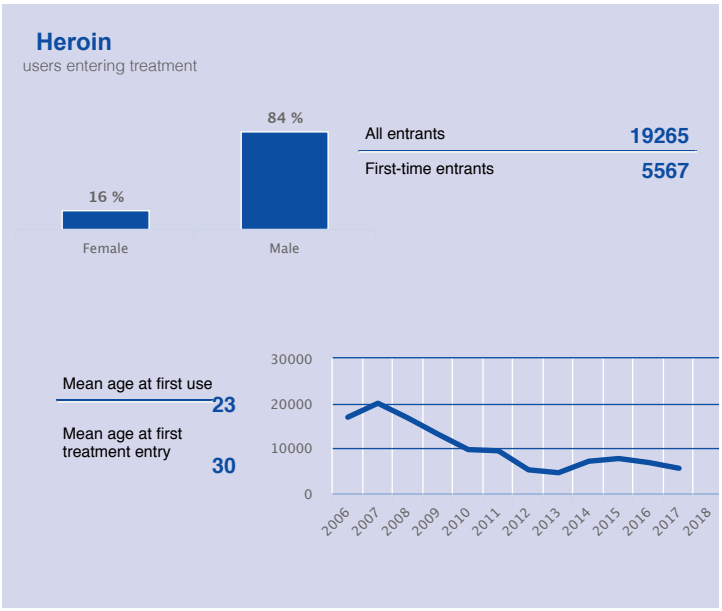


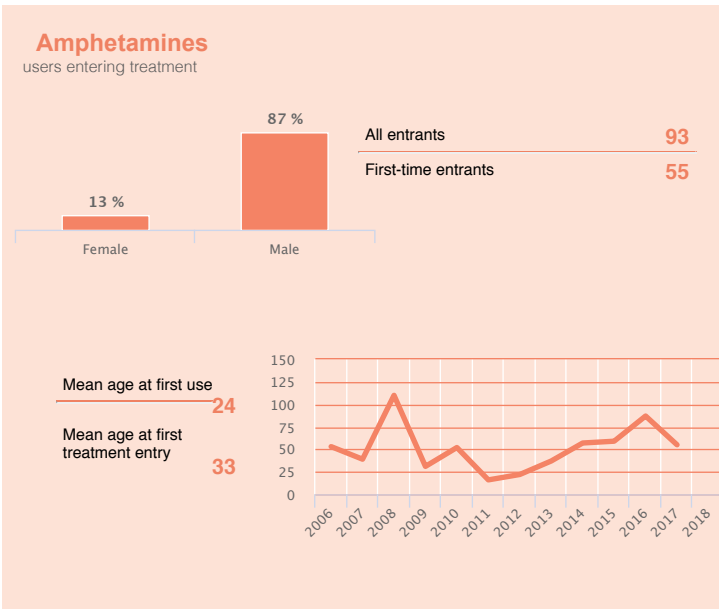
NB: Data from 2017, or the most recent year for which data are available.

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









NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants.

Drug-related infectious diseases

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

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

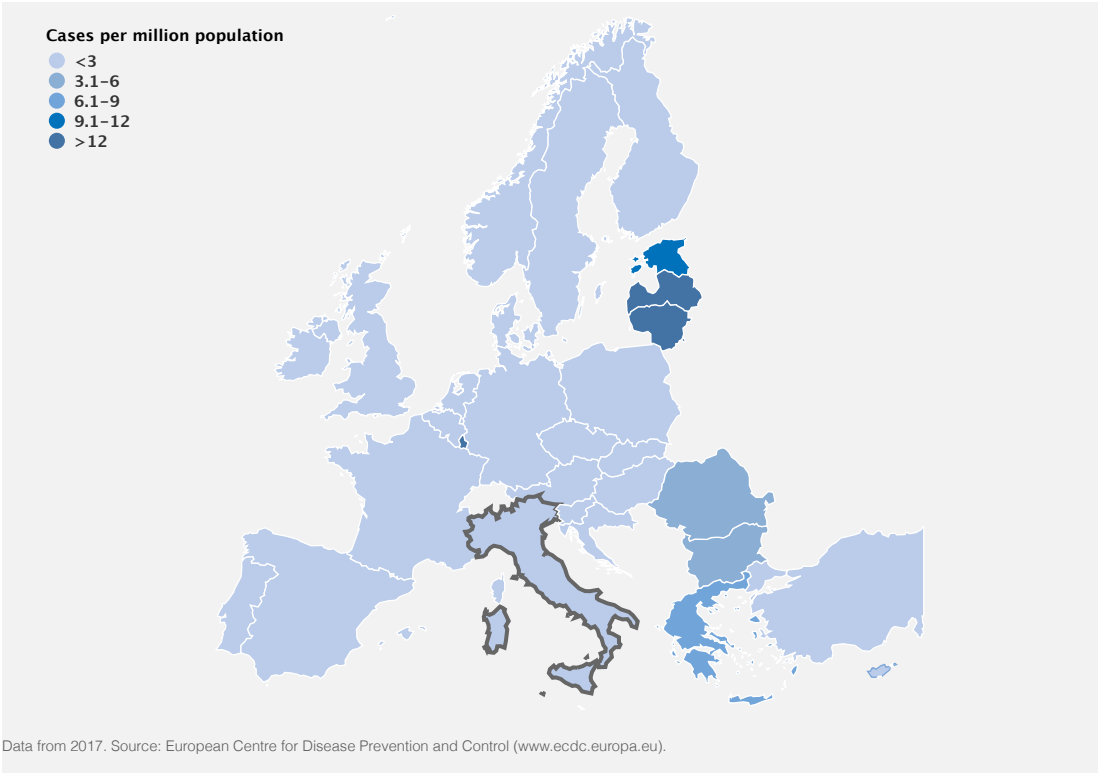
	Region	HCV	HIV
	National	64.3	27.7
	Sub-national	:	:

Data from 2017. Percentages refer to the number of tested injecting drug clients.

In 2017, 94 new cases of HIV infection among PWID were reported. The number of new HIV diagnoses among PWID decreased between 2010 and 2017; however, in recent years a trend of increasingly late HIV diagnosis has been reported. The prevalence rate of HIV infection among PWID is considered high in the European context.

The number of hepatitis B virus (HBV) infections has decreased considerably since 1985; this is linked to the universal HBV vaccination strategy that was introduced in Italy in 1991. Available data from voluntary testing of new treatment clients indicate that hepatitis C virus (HCV) infection is the most prevalent drug-related infection among PWID, while fewer than 1 in 10 drug treatment clients tested positive for HBV.

Newly diagnosed HIV cases attributed to injecting drug use



Data from 2017. Source: European Centre for Disease Prevention and Control (www.ecdc.europa.eu).

Drug-related emergencies

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

The Hospital Discharge Record, collected by the Ministry of Health and managed by the Italian National Institute of Statistics (ISTAT), provides additional data on all episodes of hospitalisation that have occurred in Italy. In 2016, there were 6 575 hospitalisations directly related to drugs (first diagnosis), corresponding to a rate of hospitalisation of 10.8 per 100 000

inhabitants. Almost two thirds of those admitted were male.

In cases in which the substance related to hospitalisation was reported (in 43 % of cases), the most frequent diagnosis was opioid use, followed by cocaine and, to a lesser extent, cannabis. Between 2015 and 2016, there was a small reduction in the number of hospitalisations related to opioids and a large increase in the number of hospitalisations related to cocaine.

Drug-induced deaths and mortality

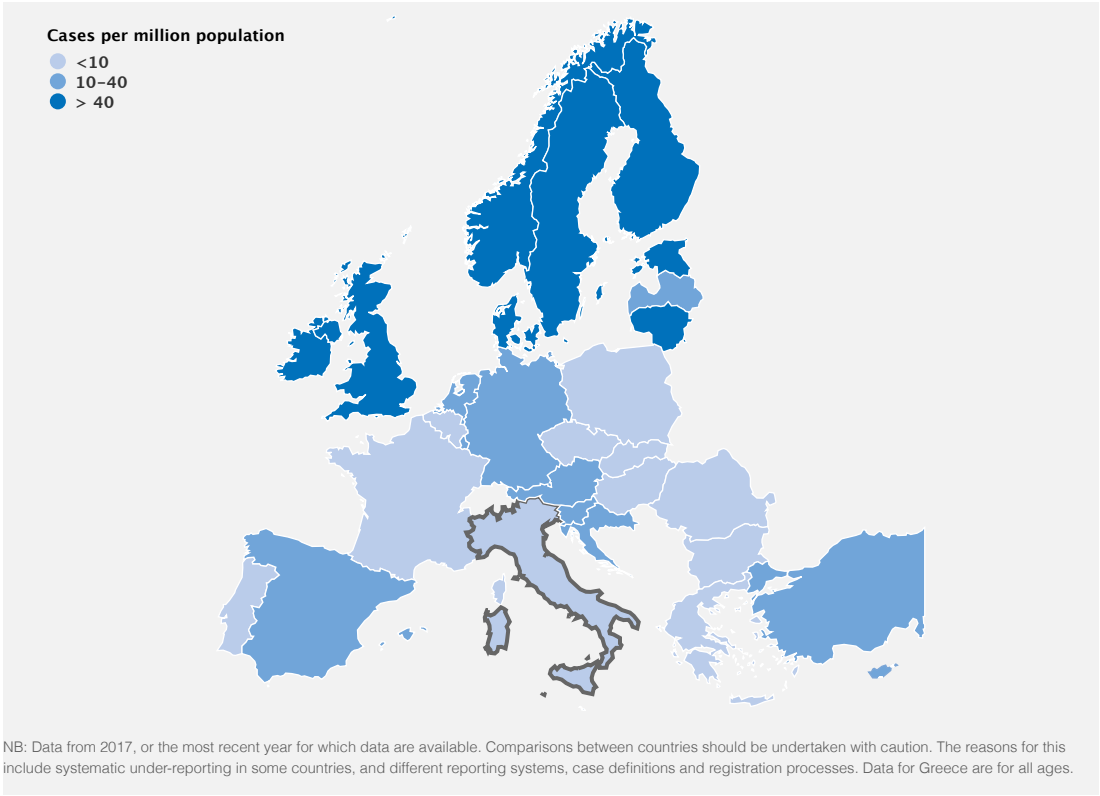
Drug-induced deaths are deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses).

In 2017, the special register (Police Forces and Prefectures) reported an increase of 10 % in the number of drug-induced deaths in Italy. The substances involved in the deaths were not indicated in one quarter of deaths. For the remaining cases, where toxicological results were available, opioids, alone or in combination with other psychoactive substances were detected in the majority of deaths. Opioid deaths mainly involved heroin, although there were some reports of methadone. In 2017, the first death in Italy attributed to the use of fentanyl (U-47700) was reported. Cocaine was detected in a significant minority of deaths. A large majority of drug-induced death victims were male, with a mean age of 39 years.

The General Mortality Register (GMR), managed by the Italian National Institute of Statistics (ISTAT), provides additional data. The GMR reports that, in 2015, there were 251 deaths attributed to an initial drug-related cause, similar to the number reported in 2014 (263 cases).

The estimated drug-induced mortality rate among adults (aged 15-64 years) is eight deaths per million, which is lower than the most recent European average of 22 deaths per million.

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

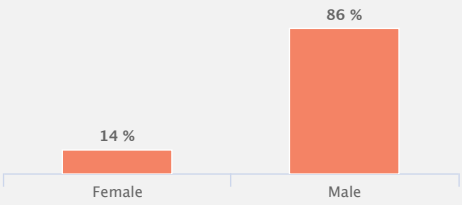


NB: Data from 2017, or the most recent year for which data are available. Comparisons between countries should be undertaken with caution. The reasons for this include systematic under-reporting in some countries, and different reporting systems, case definitions and registration processes. Data for Greece are for all ages.

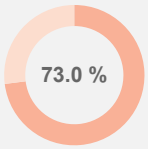
Characteristics of and trends in drug-induced deaths in Italy

NB: Year of

Gender distribution

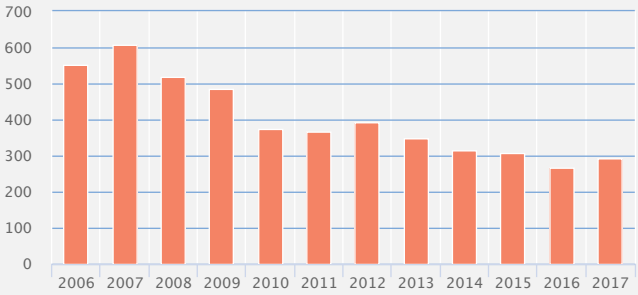


Toxicology

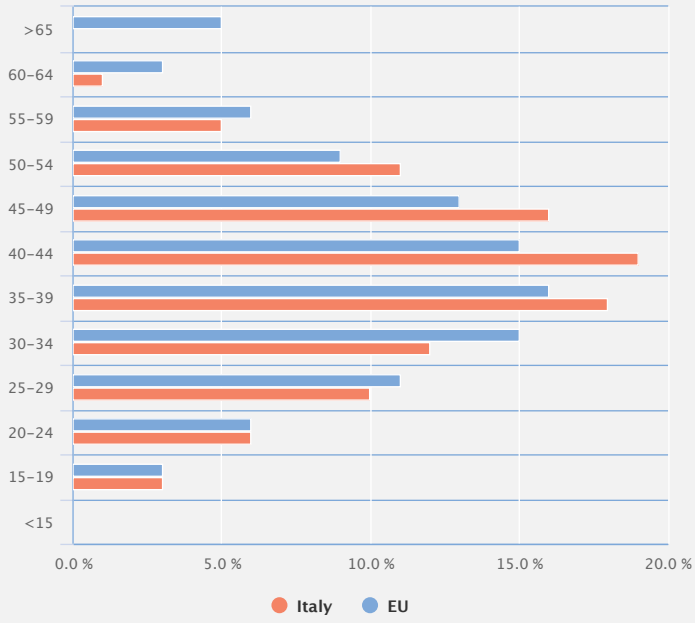


Deaths with opioids present among deaths with known toxicology

Trends in the number of drug-induced deaths



Age distribution of deaths in 2017



data 2017

Prevention

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

Prevention interventions

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

In Italy, universal prevention focuses on licit and illicit substances, but universal campaigns also address gambling and promote road safety and healthy lifestyles. Prevention activities are often implemented in schools by teachers, as well as by local health authorities, law enforcement agencies and private social agencies. They are mostly focused on information provision and awareness raising. Interactive methods and peer-to-peer activities are limited in reach and frequency. Universal prevention activities that target the community focus on young people through the use of peer groups in out-of-school settings, counselling, recreational and cultural activities, and local projects delivered via the media and the internet. Mass media campaigns are a central element of the prevention strategy in Italy, particularly the use of information technology platforms, such as video conferencing and mobile applications.

The Unplugged programme continues to be implemented in several regions and provinces, and the Life Skills Programme (Botvin) has been implemented and evaluated in Lombardy, with encouraging results. Available information shows that family involvement is considered central to all prevention efforts in Italy, and almost all regions have universal prevention projects targeting families, teachers and peers.

Selective prevention activities are mainly aimed at young people at risk of substance use, such as young smokers, and people younger than 25 years who access emergency rooms for acute alcohol intoxication. These activities may be implemented in recreational settings, and they predominantly use informational approaches. They also target immigrants, school dropouts, young offenders, families with problem drug use and/or with mental health problems, and socially and academically marginalised young people.

Indicated prevention is provided by a few local programmes that focus exclusively on substance users. Interventions identify individuals experiencing early signs of substance use and related problem behaviours and aim to prevent and reduce risks of infectious diseases, improve awareness of infectious diseases and reduce the impact of mental disorders in young people.

Provision of interventions in schools in Italy (expert ratings)

NB: Data from 2015.

Harm reduction

In Italy, the need to contain the spread of human immunodeficiency virus (HIV) among injecting heroin users in the early 1990s resulted in the establishment of outreach programmes and low-threshold centres, and the provision of clean injecting equipment and drug treatment. This was the beginning of a shift towards 'contacting and taking into care' those who were not receiving treatment from drug treatment services. This harm reduction-focused approach was further consolidated in a state-regional agreement in 1999, which added harm reduction to the range of services provided by the public drug addiction system. A recent step was the inclusion, by decree of the President of the Council of Ministers of 12 January 2017, of harm reduction services among the essential levels of healthcare (LEA), thus guaranteeing harm reduction services to all citizens in Italy.

Harm reduction interventions

The range of harm reduction services and initiatives in Italy remains heterogeneous and diverse. Some outreach programmes and projects exist at local levels and are operated by both public drug dependency service units (Ser.Ds) and accredited private social and health organisations, together with specific projects funded through regional funds. These usually include needle and syringe programmes (NSPs), information dissemination and counselling.

The level of provision of harm reduction services in Italy is uneven in scope and reach, with harm reduction programmes more developed in the northern and central regions of the country, and mainly located in the larger cities. Harm reduction interventions are delivered through mobile units, drop-in centres, reception units and outreach programmes, and by public and private outpatient treatment services. A recent study indicated that naloxone, which in Italy is an over-the-counter drug, is given out by a large number of harm reduction units, mostly in northern Italy. The provision of naloxone is combined with individual counselling on safer use and overdose management.

Ser.Ds play an important role in the early diagnosis of infectious diseases among people who inject drugs and their referral to treatment services. Collaborations between Ser.Ds and local hospitals have been established to facilitate referral and optimise management of infectious diseases among this group, using a multidisciplinary approach.

Availablity of selected harm reduction responses in Europe

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

Treatment

The treatment system

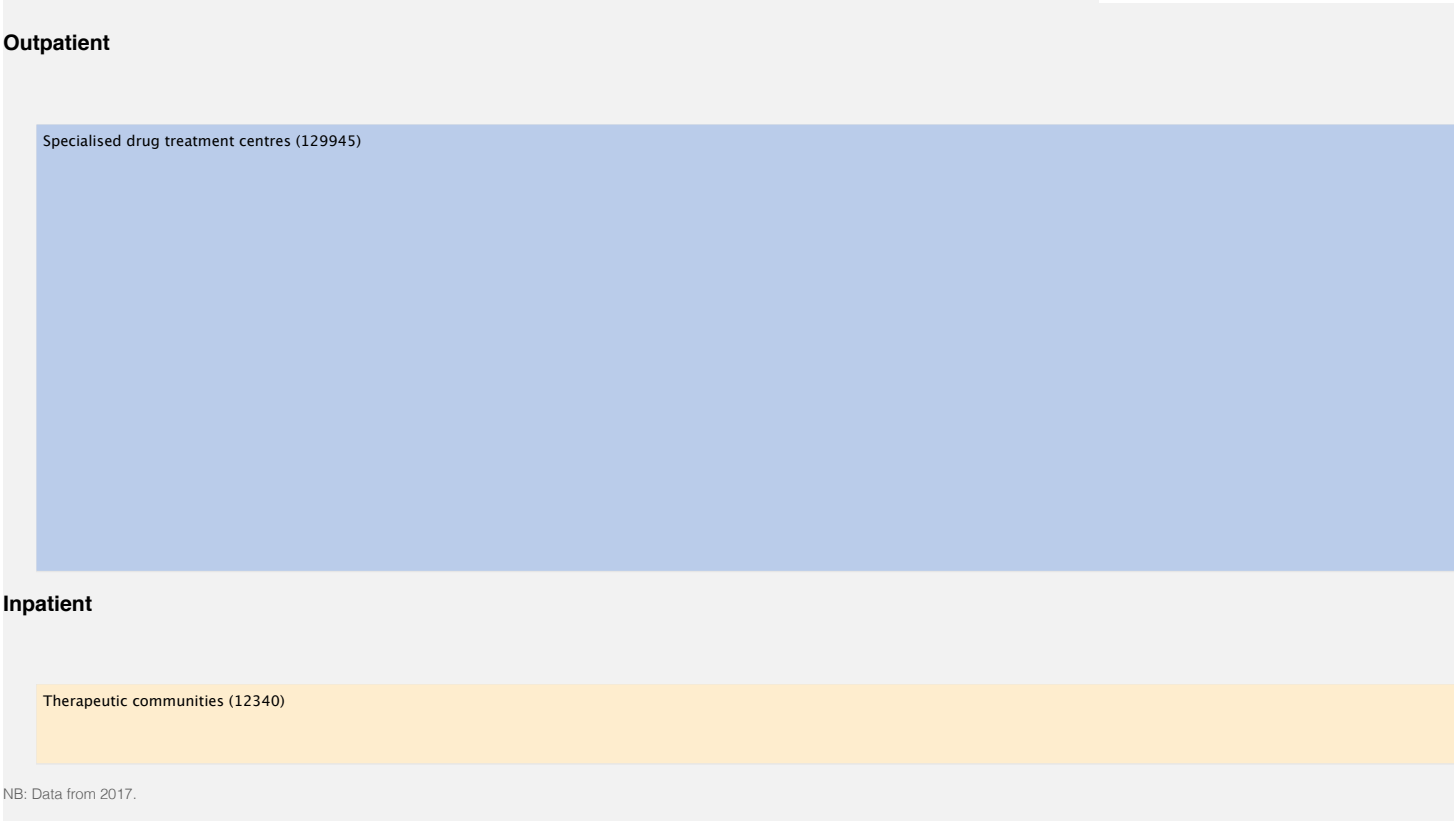
In Italy, the coordination of drug-related treatment is carried out at regional level by the heads of the local drug departments or drug services. The regional government establishes the treatment delivery services, manages the accreditation of private community treatment centres and records the number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

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

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

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

Drug treatment in Italy: settings and number treated



NB: Data from 2017.

Treatment provision

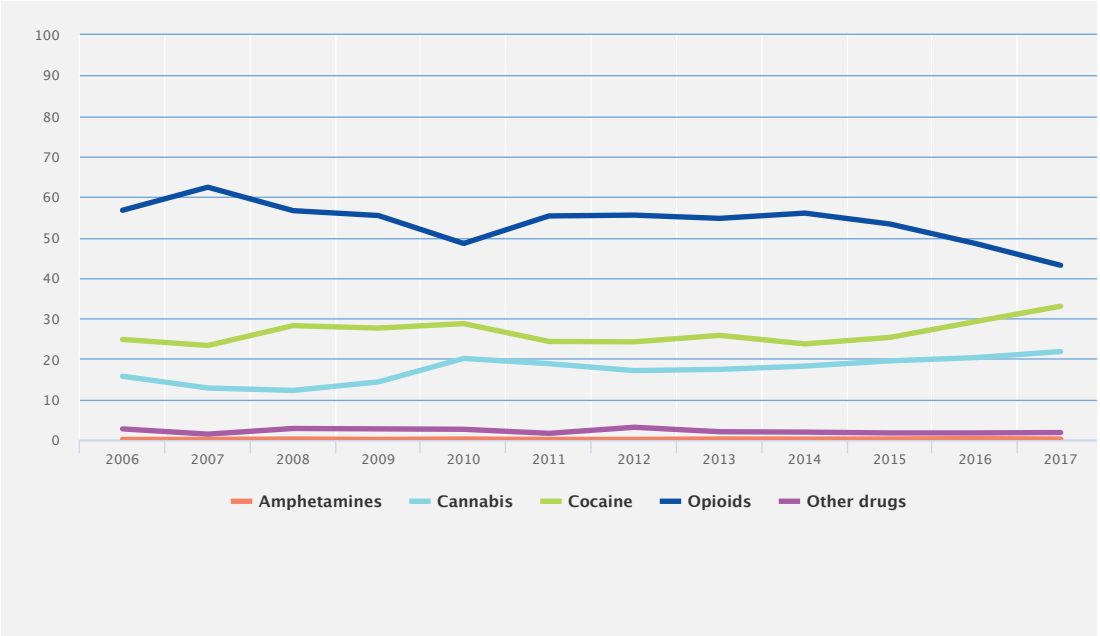
Out of approximately 130 000 clients who were treated for drug dependence in Italy in 2017, one third entered treatment

during that year, while the remainder were long-term clients. The majority of clients in treatment were treated for opioid dependency, many of whom received OST. Opioids, mainly heroin, were reported as the main substance used by the majority of clients entering treatment in Italy; however, the proportion of primary opioid clients entering treatment has decreased since 2014, in parallel with an increase in the proportion of clients entering treatment who report primary use of cocaine or cannabis. In addition to methodological changes in the reporting system, an increase in the number of cocaine treatment demands may be related to increases in: (i) drug availability as a result of a decrease in price, (ii) the number of hospital emergencies due to cocaine-related problems, and (iii) the availability and provision of cocaine treatment, including specific cocaine programmes.

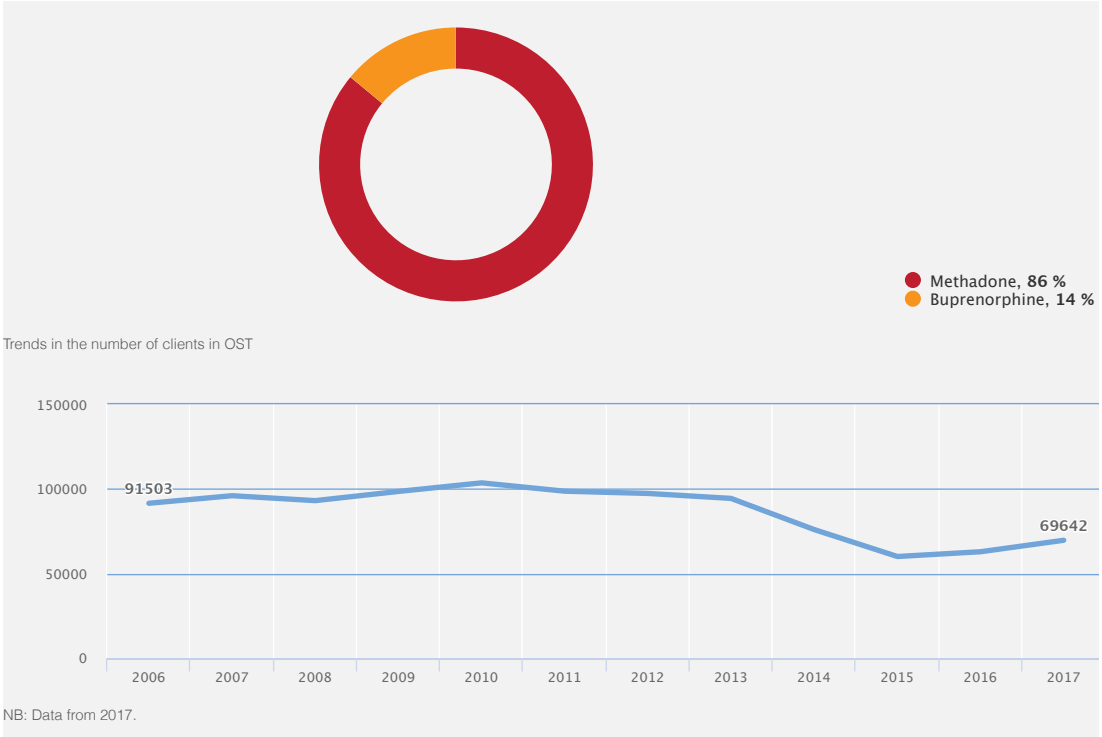
Methadone, which was introduced in 1975, is the most widely used substitution drug, although the use of buprenorphine has been increasing since its introduction in 1999. The latest data indicate that close to 70 000 people received OST in Italy in 2017.

Caution is needed when interpreting these data. A major change in the treatment reporting system occurred in 2011/12, and the recent OST data are likely to be underestimates and, therefore, not directly comparable with previous years.

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



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



NB: Data from 2017.

Drug use and responses in prison

Since 2008, the provision of healthcare services in prisons has been the responsibility of the Italian regions, under the overall coordination of the Ministry of Health. In 2017, approximately one quarter of inmates had a diagnosed drug-related disorder, a proportion that has remained stable over the years.

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

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

Quality assurance

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

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

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

Drug-related research

In Italy, research is coordinated by the Department for Anti-Drug Policies (DAP) and developed by a network of researchers and institutions such as the National Research Council, the National Statistical Office and the National Health Institute, as well as several ministries and local providers of public services, frequently in partnership with universities and/or private research entities. This set of entities provides studies that contribute to the annual report on drugs to the Italian parliament. Their main financing sources are the DAP, the National/Regional Health Services, the Ministry of Education, University and Research and the European Commission.

The Italian Action Plan recognises the importance of drug-related research, especially in the fields of neuroscience, neuroimaging, and behavioural, social and educational sciences. To this end, the DAP supports the development of an institutional scientific community. The outcomes of research are published both in national and international scientific journals.

Drug-related research covers a wide range of topics, including prevalence, patterns of substance use, risky behaviours, prevention and other interventions, new psychoactive substances, law enforcement and policy evaluation.

Drug markets

The Italian peninsula is one of the main drug gateways to Europe owing to its geographical position at the centre of the Mediterranean Sea and its long coastline. The presence of mafia-type organised crime groups makes Italy a key destination country for bulk quantities of illicit drugs and also a key transit country for drugs destined for other European and non-European countries.

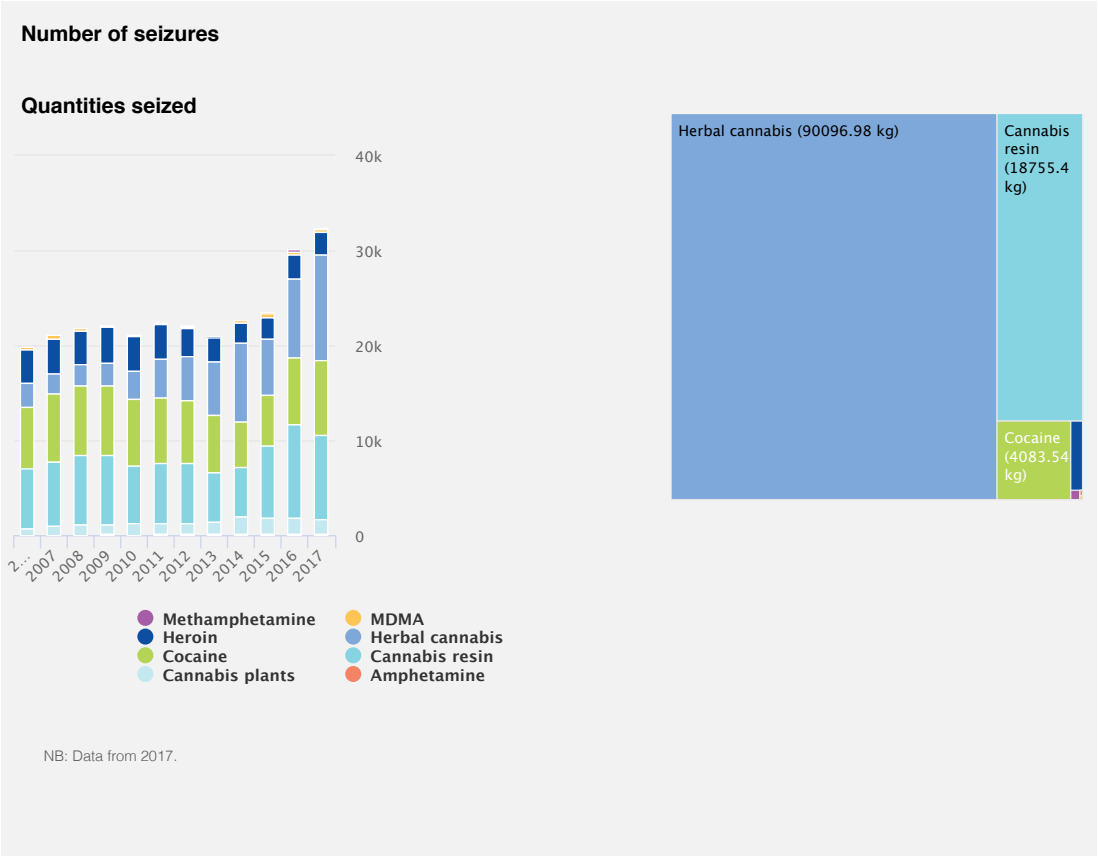
The Italian illicit drug market is dominated by large organised crime structures with well-established international links and operating bases in principal drug production and trafficking regions, such as South America, South-East Asia and north-western and south-eastern Europe. The maritime route of illicit drug trafficking is of primary importance for all substances, although drugs are also smuggled into Italy by air and by land from neighbouring countries.

Cocaine traffickers operating in Italy are supplied mostly by the Colombian market. Heroin from Afghanistan reaches Italy mainly via the Balkan route (the southern branch, mostly by sea (ferries), and the central branch, by land). Criminal groups organise cannabis resin shipments (mostly of Moroccan origin) from Spain to Italy either directly or via other European countries; alternative high-quantity maritime routes from Libya, Egypt and Turkey have developed in recent years. Herbal cannabis arrives by land and sea routes that start in Albania. A large proportion of illicit drugs pass through Italy en route to other EU countries. Domestic cannabis cultivation is reported, predominantly in southern Italy. New psychoactive substances (NPS) are usually purchased online and are shipped to the country via postal services.

Cannabis products are the most seized drugs in Italy, followed by cocaine and heroin. Other substances (mainly synthetic drugs) are seized less frequently. In 2017, a sharp increase in herbal cannabis seizures was recorded, almost 10 times more than 2 years before. The quantity of cocaine seized has remained stable over the last few years and the quantity of heroin seized has declined steadily since 2008. The quantities of the synthetic drugs MDMA/ecstasy, amphetamine and methamphetamine seized remain low.

Data on retail price and purity of the main illicit substances seized are shown in the ‘Key statistics’ section.

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



Key statistics

Most recent estimates and data reported

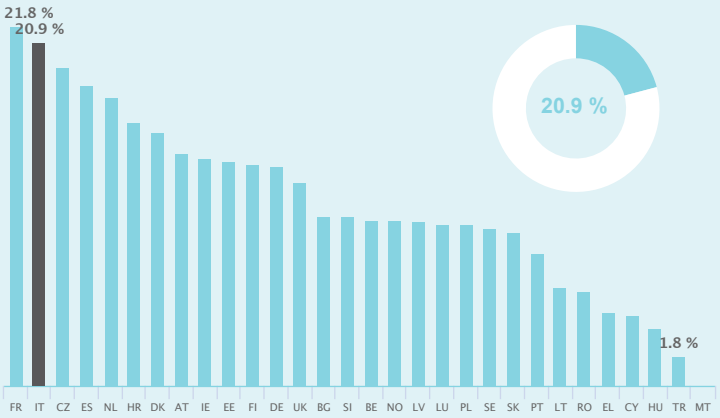
	Year	Country data	EU range Min.	EU range Max.
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	27.36	6.51	36.79
Last year prevalence of use — young adults (%)	2017	20.9	1.8	21.8
Last year prevalence of drug use — all adults (%)	2017	10.2	0.9	11
All treatment entrants (%)	2017	21.8	1.03	62.98
First-time treatment entrants (%)	2017	30.9	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	90 097	11.98	94 378.74
Number of herbal cannabis seizures	2017	11 253	57	151 968
Quantity of cannabis resin seized (kg)	2017	18 755.4	0.16	334 919
Number of cannabis resin seizures	2017	8 922	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	2017	0.5 - 49	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	2017	0.8 - 55	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	2017	8.5 - 11.2	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	2017	10 - 12.16	0.15	35
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	3.46	0.85	4.85
Last year prevalence of use — young adults (%)	2017	1.7	0.1	4.7
Last year prevalence of drug use — all adults (%)	2017	1.2	0.1	2.7
All treatment entrants (%)	2017	33	0.14	39.2
First-time treatment entrants (%)	2017	38.1	0	41.81
Quantity of cocaine seized (kg)	2017	4 083.5	0.32	44 751.85
Number of cocaine seizures	2017	7 812	9	42 206
Purity (%) (minimum and maximum values registered)	2017	1.4 - 98	0	100
Price per gram (EUR) (minimum and maximum values registered)	2017	70.13 - 91.78	2.11	350
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.01	0.84	6.46
Last year prevalence of use — young adults (%)	2017	0.3	0	3.9
Last year prevalence of drug use — all adults (%)	2017	0.1	0	1.8
All treatment entrants (%)	2017	0.2	0	49.61
First-time treatment entrants (%)	2017	0.3	0	52.83
Quantity of amphetamine seized (kg)	2017	11.1	0	1 669.42
Number of amphetamine seizures	2017	115	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	2017	3.5 - 21	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2017	37.33 - 45.24	3	156.25
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.57	0.54	5.17
Last year prevalence of use — young adults (%)	2017	0.8	0.2	7.1
Last year prevalence of drug use — all adults (%)	2017	0.4	0.1	3.3
All treatment entrants (%)	2017	0.1	0	2.31
First-time treatment entrants (%)	2017	0.2	0	2.85
Quantity of MDMA seized (tablets)	2017	10 844	159	8 606 765
Number of MDMA seizures	2017	267	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2017	100 - 410	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	2017	35 - 87	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	2017	13.77 - 17.53	1	40
Opioids				
High-risk opioid use (rate/1 000)	2017	6.04	0.48	8.42
All treatment entrants (%)	2017	43.1	3.99	93.45
First-time treatment entrants (%)	2017	28.3	1.8	87.36
Quantity of heroin seized (kg)	2017	610.4	0.01	17 385.18
Number of heroin seizures	2017	2 296	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	n.a.	n.a.	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	2017	41.31 - 50.14	5	200
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	1.6	0	47.8
HIV prevalence among PWID* (%)	2017	27.7	0	31.1
HCV prevalence among PWID* (%)	2017	64.3	14.7	81.5
Injecting drug use (cases rate/1 000 population)	n.a.	n.a.	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2017	7.54	2.44	129.79
Health and social responses				
Syringes distributed through specialised programmes	n.a.	n.a.	245	11 907 416

Clients in substitution treatment	2017	69 642	209	178 665
Treatment demand				
All entrants	2017	46 586	179	118 342
First-time entrants	2017	20 954	48	37 577
All clients in treatment	2017	142 285	1 294	254 000
Drug law offences				
Number of reports of offences	n.a.	n.a.	739	389 229
Offences for use/possession	n.a.	n.a.	130	376 282

EU Dashboard

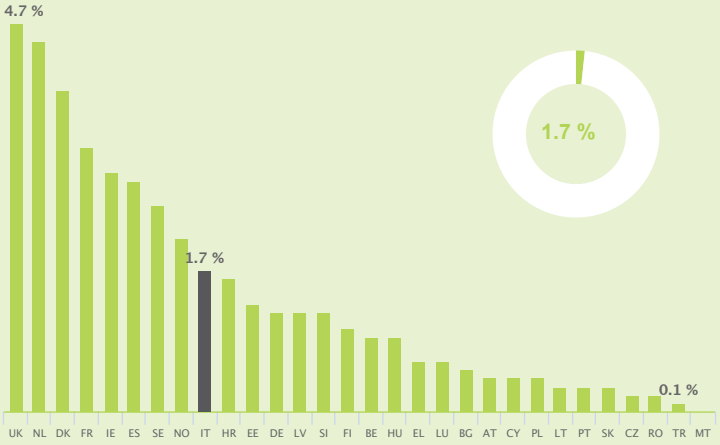
Cannabis

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



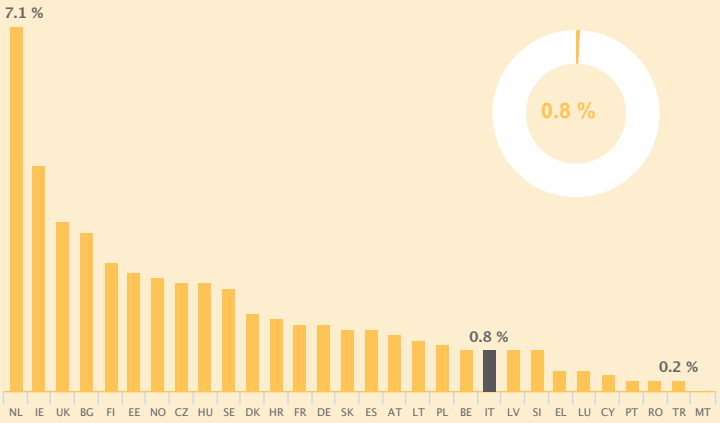
Cocaine

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



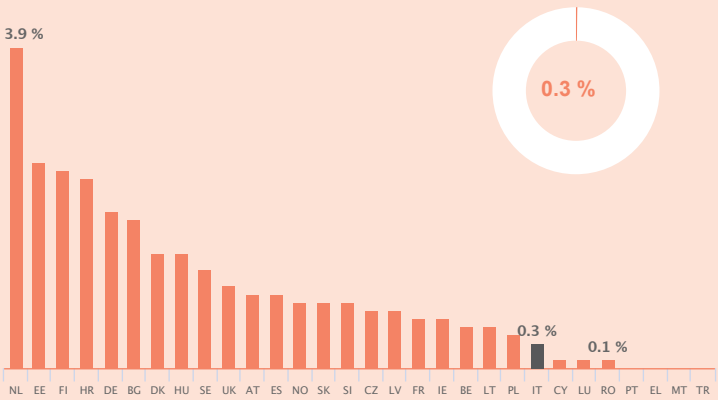
MDMA

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



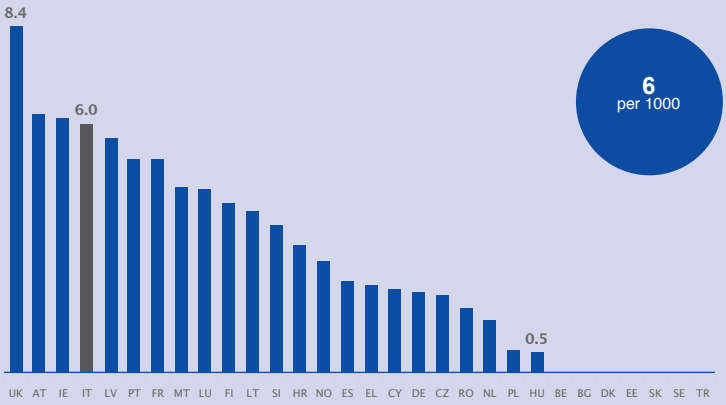
Amphetamines

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



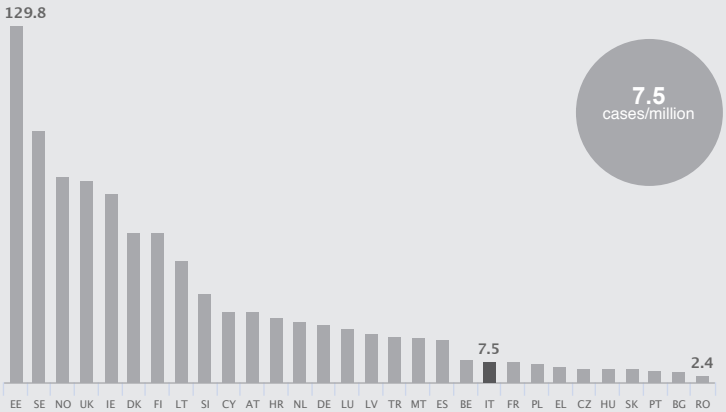
Opioids

High-risk opioid use (rate/1 000)



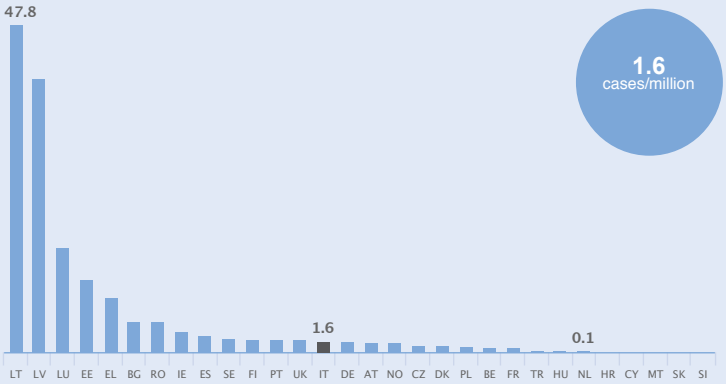
Drug-induced mortality rates

National estimates among adults (15-64 years)



HIV infections

Newly diagnosed cases attributed to injecting drug use



HCV antibody prevalence

National estimates among injecting drug users

NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifcations on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

About our partner in Italy

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

Click here to learn more about our partner in Italy .

Italian national focal point

Presidenza del Consiglio dei Ministri

Dipartimento Politiche Antidroga

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IT–00184 Rome

Tel. +39 06 6779 6030

Fax. +39 06 6779 6843

Head of national focal point: Ms Elisabetta Simeoni

Methodological note: Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin .