European Monitoring Centre for Drugs and Drug Addiction

Reitox Italian Focal Point

Italy

Country Drug Report 2017

THE DRUG PROBLEM IN ITALY AT A GLANCE

Drug use

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

Cannabis

19 %

14.1 % 23.7 %

Other drugs

Cocaine	1.8 %
MDMA	1 %
Amphetamines	0.6 %

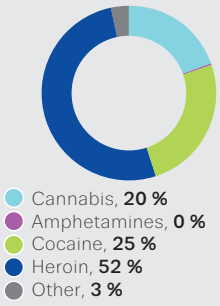
High-risk opioid users

205 200

(180 000 - 230 000)

Treatment entrants

by primary drug



Opioid substitution treatment clients

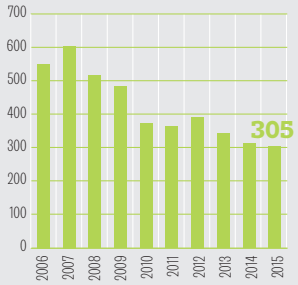
60 047

Syringes distributed

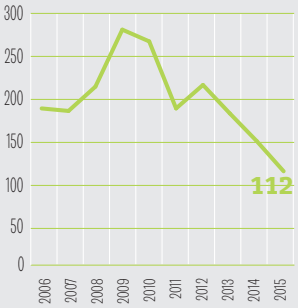
through specialised programmes

No data

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offenders

61 145

Top 5 drugs seized

ranked according to quantities measured in kilograms

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

Population

(15-64 years)

39 193 416

Source: EUROSTAT
Extracted on: 26/03/2017

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

About this report

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 2015 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

An interactive version of this publication, containing links to online content, is available in PDF, EPUB and HTML format: www.emcdda.europa.eu/countries

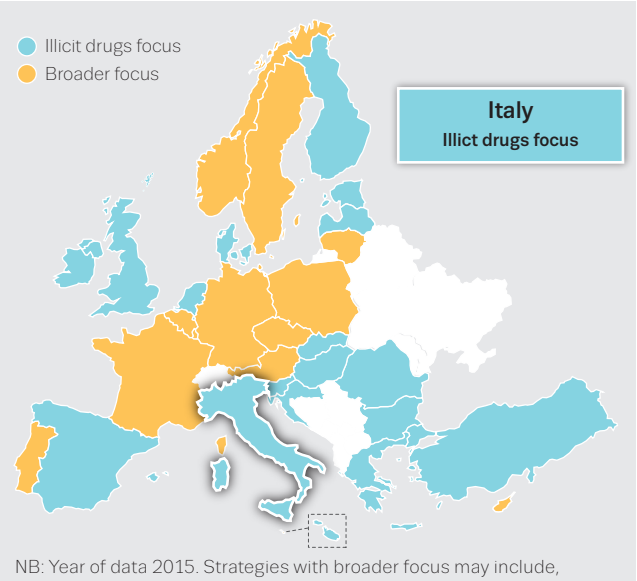
National drug strategy and coordination

National drug strategy

Launched in 2010, the Italian National Action Plan on Drugs originally covered the period 2010-13, but remains in force pending the development of a new strategy. Eighty-nine objectives are set out in two pillars, demand and supply reduction, across five cross-cutting areas of intervention. Demand reduction activities include prevention, treatment, rehabilitation and reintegration, while supply reduction covers evaluation and monitoring, legislation, supply reduction and juvenile justice. Primarily focused on illicit drug use, the Action Plan also covers licit substance use and addictive behaviours as elements that are addressed predominantly in the context of prevention (Figure 1). The Action Plan is accompanied by four other elements that support its implementation: (i) individual regional/autonomous provinces plans; (ii) technical and scientific implementation guidelines; (iii) the Project Plan, which sets out the different national projects being carried out under the Action Plan; and (iv) the 2014 National Action Plan for the Prevention of the Distribution of New Psychoactive Substances and Demand on the Internet.

FIGURE 1

Focus of national drug strategy documents: illicit drugs or broader



NB: Year of data 2015. Strategies with broader focus may include, for example, licit drugs and other addictions.

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

National coordination mechanisms

The Department for Anti-Drug Policies is responsible for the strategic and operational coordination of Italian drug policy. It is a department of the Presidency of the Council of Ministers and its responsibilities include ensuring coordination among the different ministries and functioning as a link between central, regional and local authorities through the mechanisms of the State-Regions Committee and the State-Regions-Autonomous Provinces-Municipalities Unified Committee. The Department's work also includes policy activities at European and international levels, alongside reviewing scientific knowledge on different aspects of drug dependency. The director of the department is the national drug coordinator. The local health authorities (ASL) are responsible for the activities of local public drug addiction service units (SerDs) (public services for addictions, which cover all drugs and addictions) and non-governmental organisations. Prevention and reintegration activities are assigned to provinces and municipalities.

Launched in 2010, the Italian National Action Plan on Drugs originally covered the period 2010-13, but remains in force pending the development of a new strategy

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, the majority of drug-related expenditure is not identified ('unlabelled') and must be estimated by modelling approaches.

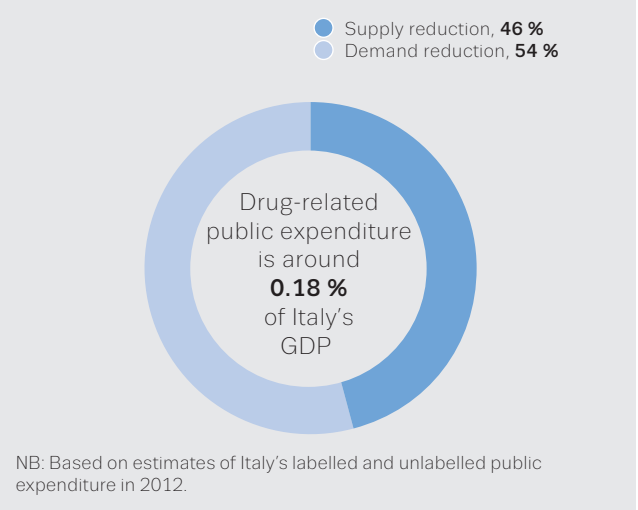
In Italy, drug action plans do not have associated budgets. However, the methodology for estimating the social costs of drug use has been defined for some years and has provided an estimate of drug-related public expenditure between 2009 and 2012.

In 2012, drug-related public expenditure was estimated at approximately 0.18 % of gross domestic product (GDP), continuing the declining trend observed since 2010 (0.25 % of GDP in 2010 and 0.2 % of GDP in 2011). In 2012, the majority of total drug-related spending was for social care and healthcare (Figure 2).

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

FIGURE 2

Public expenditure related to illicit drugs in Italy



NB: Based on estimates of Italy's labelled and unlabelled public expenditure in 2012.

Drug laws and drug law offences

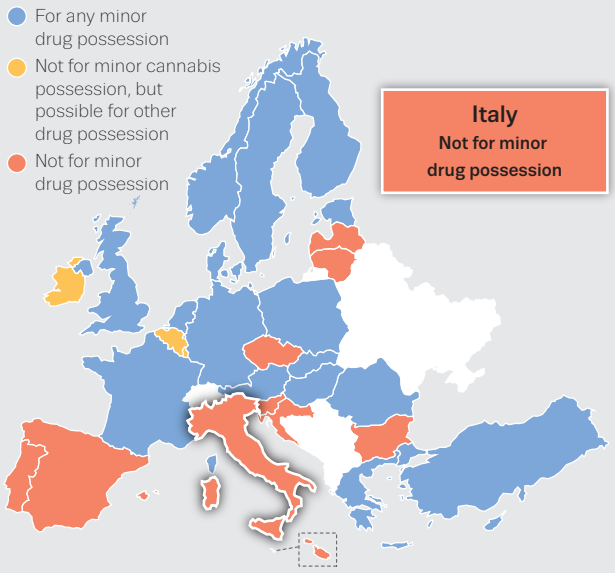
National drug laws

In Italy, the Consolidated Law, adopted by Presidential Decree No 309 on 9 October 1990 and subsequently amended, provides the legal framework for trade, treatment and prevention, and prohibition and punishment of illegal activities in the field of drugs and psychoactive substances. Drug use in itself is not mentioned as an offence. Possession for personal use is punishable by administrative sanctions (such as the suspension of a driving licence). Since the implementation of Law 79 of 16 May 2014, a distinction is now made between less dangerous drugs in Schedules II and IV and more dangerous drugs in Schedules I and III. Administrative sanctions for personal possession offences may be one to three months' imprisonment for the former and 2-12 months imprisonment for the latter. If a person is found in possession of illicit drugs for the first time, administrative sanctions are not usually applied, but, instead, the offender receives a warning from the Prefect and a formal request to refrain from use. The offender may also voluntarily request treatment or rehabilitation, and proceedings will then be suspended while the user is referred for treatment. Failure to attend or complete a treatment programme may result in the application of the above sanctions (Figure 3).

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

FIGURE 3

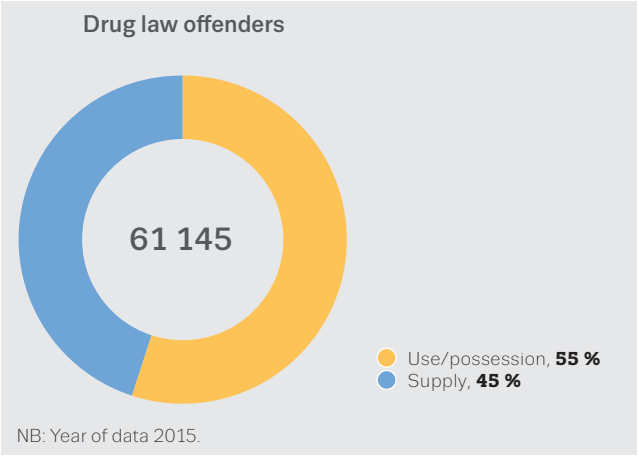
Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)



NB: Year of data 2015.

FIGURE 4

Reported drug law offenders in Italy



NB: Year of data 2015.

The penalty for supply-related offences, such as production, sale, transport, distribution or acquisition, depends on the type of drug, as specified by the schedules described above. In the case of more dangerous drugs (cocaine, heroin, etc.), dealing is punishable by 6-20 years' imprisonment, while offences related to the supply of less dangerous drugs (cannabis, etc.) attract a penalty of 2-6 years' imprisonment.

When the offences are considered minor because of the means, modalities or circumstances, the terms of imprisonment are six months' to four years' imprisonment (for all drug types). Evaluating whether or not the offence is minor should take in 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 has addressed sales of new psychoactive substances (NPS) using consumer safety laws, but now several generic substance groups have been added to the main drug control law.

Drug law offences

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

In 2015, according to data from the Central Directorate for Anti-Drug Services, the majority of offenders were involved in offences related to the use/purchase/possession of drugs for personal use (Figure 4). More than half of all offenders were involved in cannabis-related offences; the next most prevalent DLOs are cocaine- and heroin-related offences (Figure 4).

Drug use

Prevalence and trends

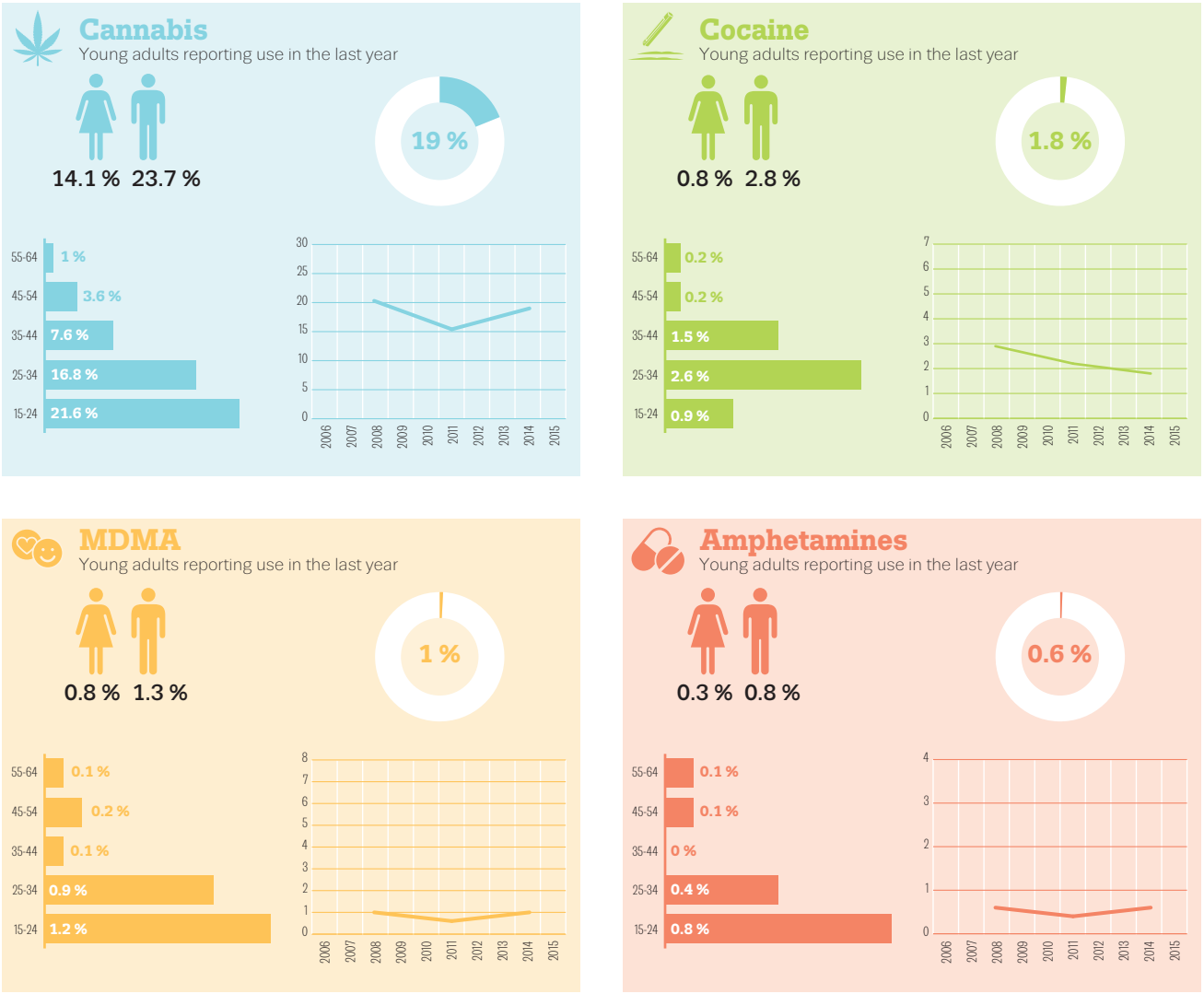
In Italy, cannabis remains the illicit drug most commonly used by the general population, followed by cocaine. The use of most illicit drugs is concentrated among young adults aged 15-34 years; however, the highest prevalence of last-year cocaine use is reported by those aged 25-34 years. (Figure 5).

The most recent study from 2014 indicated a possible increase in the prevalence of cannabis and synthetic stimulant use in Italy, whereas cocaine use seemed to be declining, in particular among those younger than 25 years.

Milan participates in the Europe-wide annual wastewater campaign undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a community level, based on the levels of different illicit drugs and their metabolites in sources of wastewater. Concerning stimulants, the results show a sharp increase between 2015 and 2016 in cocaine metabolites detected in wastewater, while MDMA/ecstasy levels remained low and relatively stable over the period 2011-16. The levels of amphetamine and methamphetamine detected remained low during the whole study period, indicating limited use of these substances in Milan.

FIGURE 5

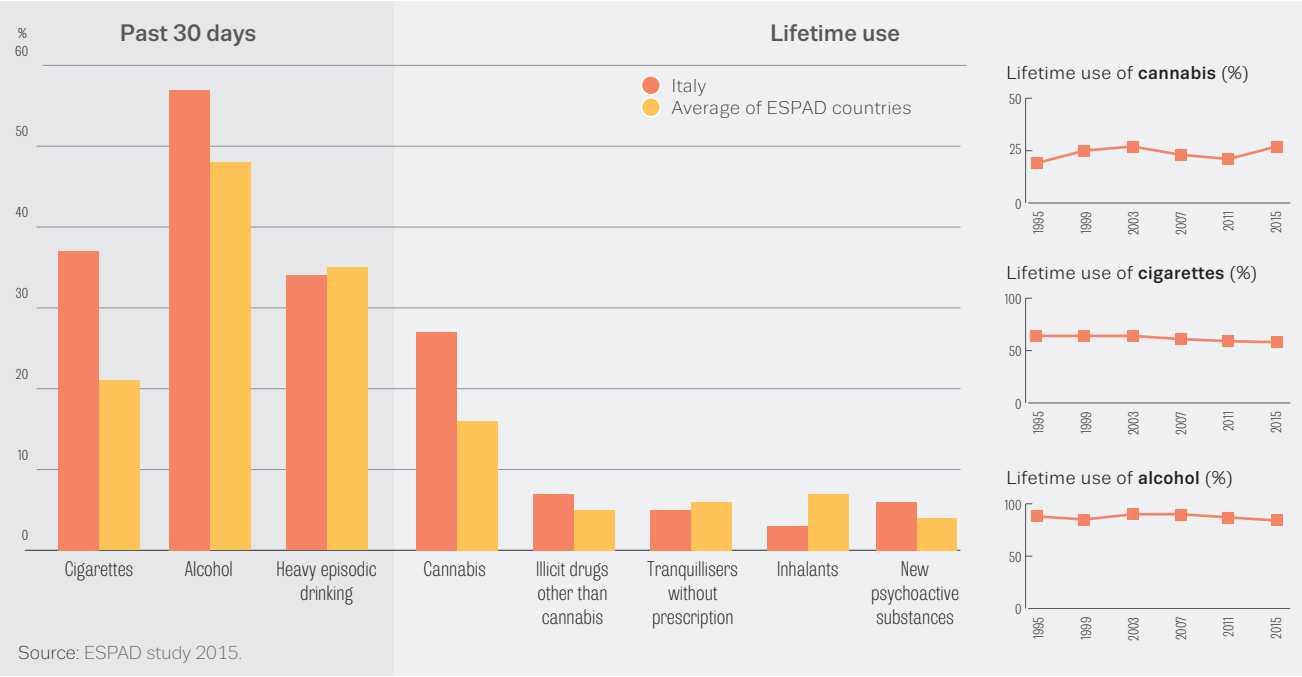
Estimates of last-year drug use among young adults (15-34 years) in Italy



NB: Estimated last-year prevalence of drug use in 2014.

FIGURE 6

Substance use among 15- to 16- year-old school students in Italy



Source: ESPAD study 2015.

Drug use among 15- to 16 year-old students is reported in the European School Survey Project on Alcohol and Other Drugs (ESPAD).

In 2015, Italian students reported prevalence rates of lifetime use of cannabis above the ESPAD average (35 countries), whereas lifetime use of illicit drugs other than cannabis and of NPS was almost identical to the overall average (Figure 6).

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 the first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform understanding on the nature and trends in high-risk drug use (Figure 8).

In Italy, high-risk drug use remains linked mainly to heroin use. The latest estimate based on a treatment multiplier suggests that there were approximately 205 200 high-risk heroin users in Italy in 2015 (Figure 7).

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

In Italy, high-risk drug use remains linked mainly to heroin use

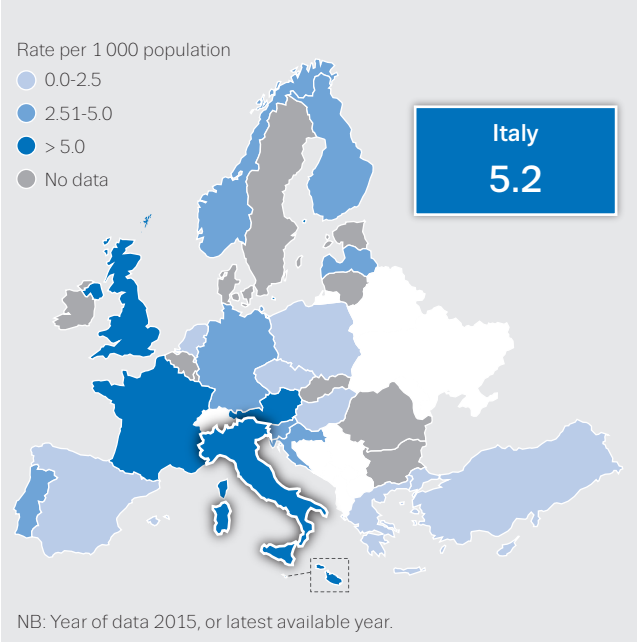
Data from the specialised treatment centres in Italy indicate that in 2015 heroin was the most commonly reported primary substance for first-time clients entering treatment and that the decline in the numbers of new clients entering treatment because of heroin use that was observed in the last decade has now stopped. In general, injecting remains common among opioid users entering treatment, in particular among those who have been treated previously. Cocaine is the second most commonly used substance among first-time treatment clients, followed by cannabis.

The available data suggest an increase in cocaine-related new treatment demands in recent years.

In addition, an increasing proportion of clients enter treatment because of polydrug use. Approximately one in seven clients entering treatment is female, but the proportion of females in treatment varies by primary drug and by the treatment programme. The long-term trend indicates a steady increase in the age of heroin users seeking treatment, and the average age of new treatment clients in Italy is the highest in Europe. However, because of substantial changes in the national reporting system in the last years, the long-term trends for data from specialised treatment centres should be interpreted with a caution (Figure 8).

FIGURE 7

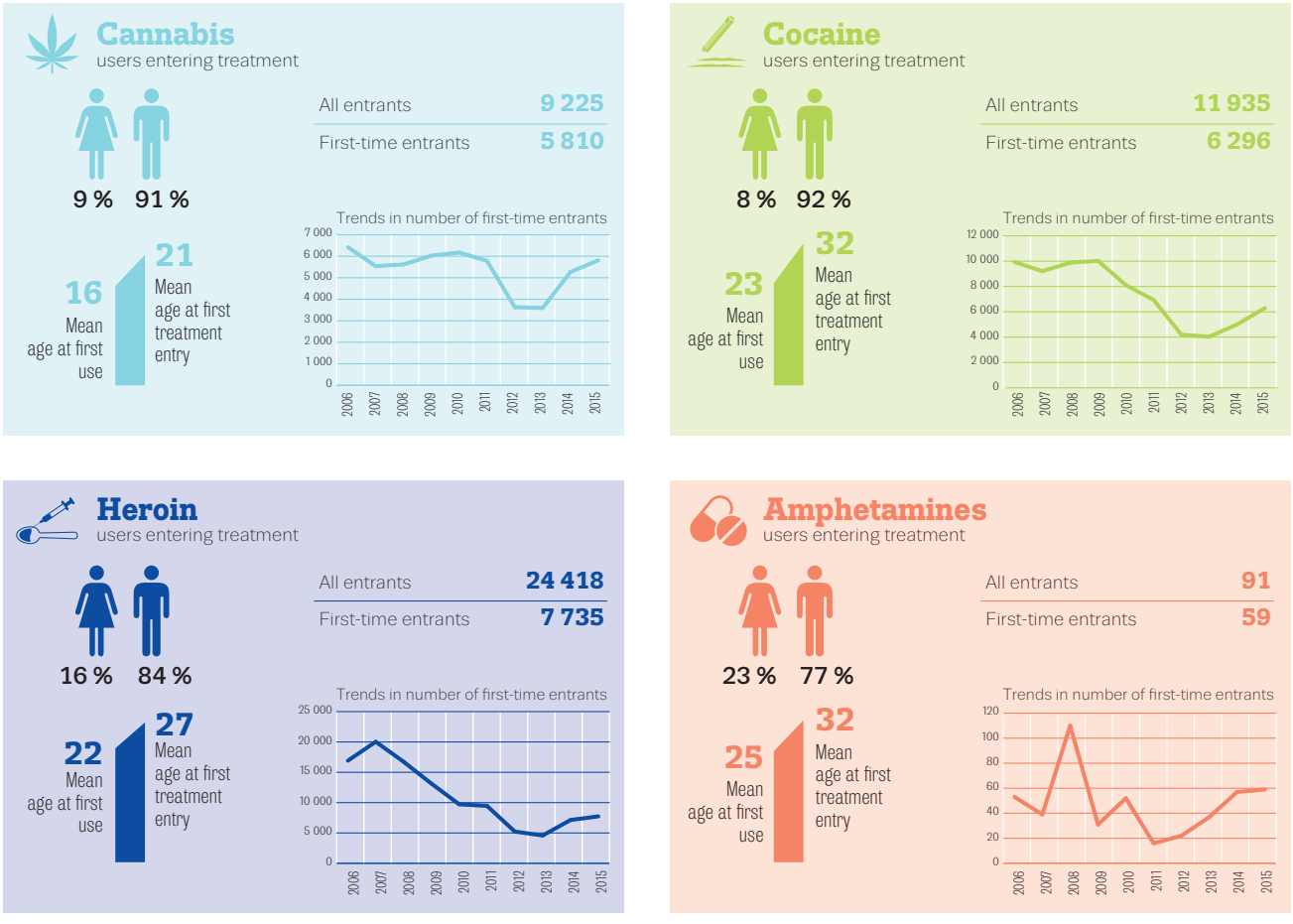
National estimates of last year prevalence of high-risk opioid use



NB: Year of data 2015, or latest available year.

FIGURE 8

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



NB: Year of data 2015. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

In Italy, data on drug-related infections are available from samples of clients undergoing voluntary testing at public drug treatment services or in general hospitals, while data on acquired immune deficiency syndrome (AIDS) cases are notified through the AIDS Operational Centre (COA).

A total of 886 cases of human immunodeficiency virus (HIV) infection among people who inject drugs (PWID) were notified between 2010 and 2014 and a decline in the annual number of notifications was reported. The number of newly diagnosed HIV-positive individuals among PWID is average when compared with other European countries. The prevalence rate of HIV infection among PWID is, nevertheless, considered high in the European context. Almost a third of the treatment clients in 2015 were HIV positive; however, it should be noted that the sample size was small (Figures 9 and 10).

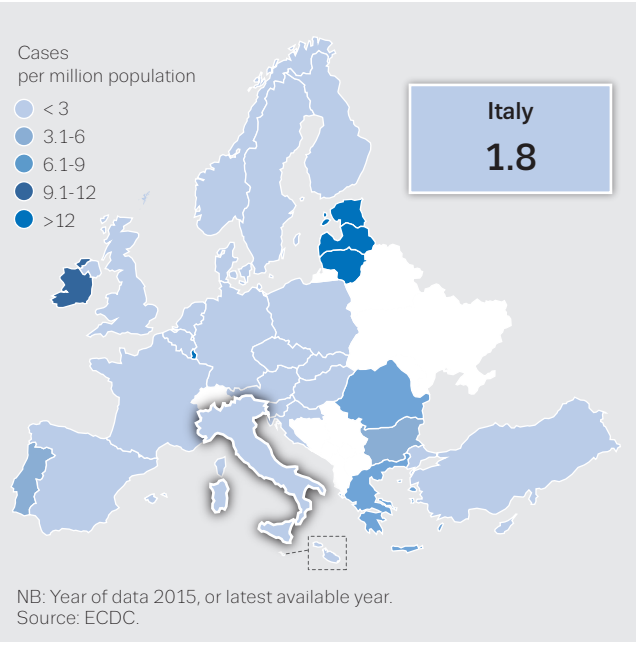
The available data from voluntary testing of treatment clients indicates that hepatitis C virus (HCV) infection is the most prevalent drug-related infection among PWID.

Drug-related emergencies

Drug-related emergencies in Italy are monitored and reported only in the context of the national early warning system on 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 remainder.

FIGURE 9

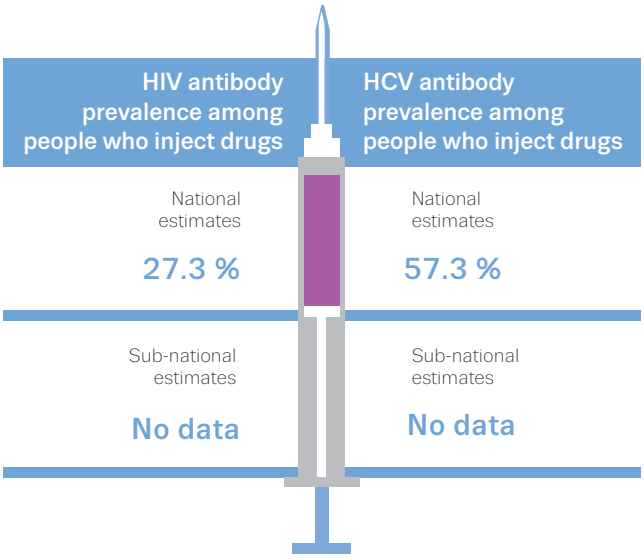
Newly diagnosed HIV cases attributed to injecting drug use



NB: Year of data 2015, or latest available year.
Source: ECDC.

FIGURE 10

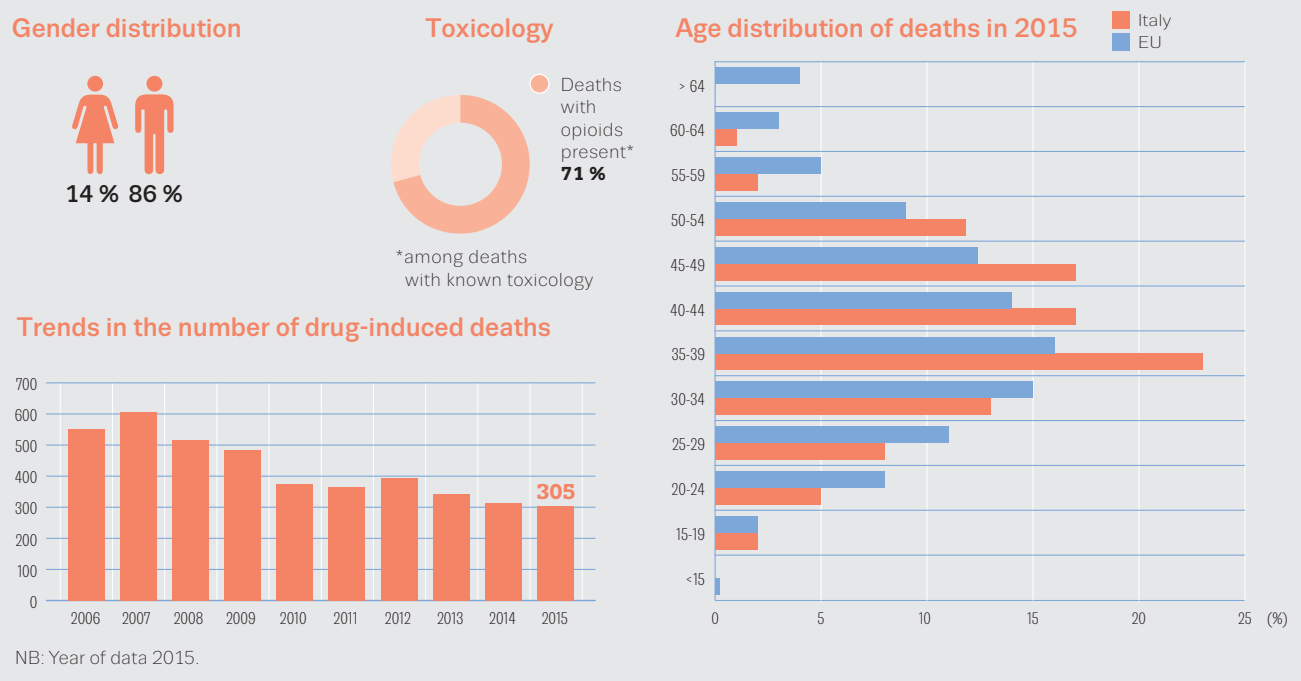
Prevalence of HIV and HCV antibodies among people who inject drugs in Italy



NB: Year of data 2015.

FIGURE 11

Characteristics of and trends in drug-induced deaths in Italy



NB: Year of data 2015.

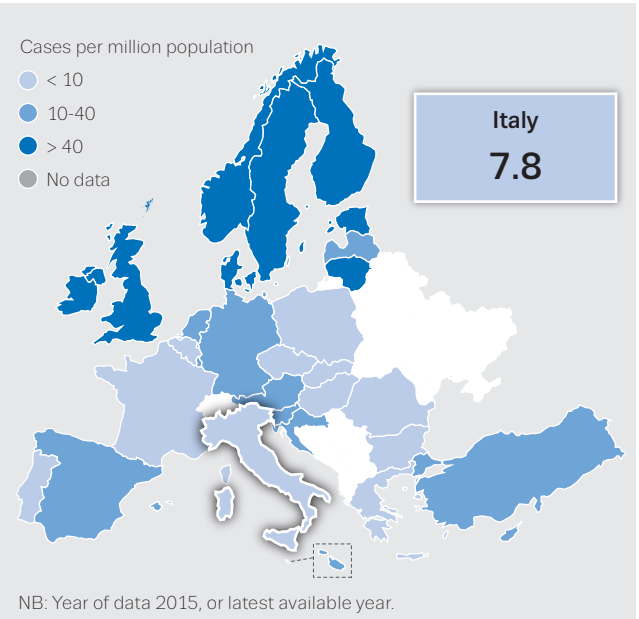
Drug-induced deaths and mortality

In 2015, the specialised register (Police Forces and Prefectures) reported a further decrease in the number of drug-induced deaths in Italy. Opioids (mainly heroin), alone or in combination with other psychoactive substances, were detected in the majority of victims in whom toxicological results were available. However, there are limitations in the available data and, in the case of more than half of the deaths reported in 2015, the principal drug was not specified. In Italy, the large majority of drug-induced death victims are male (Figure 11).

The drug-induced mortality rate among adults (aged 15-64 years) is 7.8 deaths per million (Figure 12), which is lower than the most recent European average of 20.3 deaths per million.

FIGURE 12

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



NB: Year of data 2015, or latest available year.

Prevention

The planning and implementation of prevention activities in Italy are mainly the responsibility of the regional 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 NPS 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 drug use problems and indicated prevention focuses on at-risk individuals.

In Italy, universal prevention activities, focusing on both licit and illicit substances, are routinely implemented in schools, but are mainly limited to information provision and awareness-raising, while more interactive methods or peer-to-peer activities remain limited. Some prevention activities involve the use of information technology platforms, such as video conferencing or mobile applications. The Unplugged programme continues to be implemented in several provinces. School-based prevention activities are implemented by teachers; however, schools also frequently involve local health or law enforcement agencies in the delivery of activities (Figure 13).

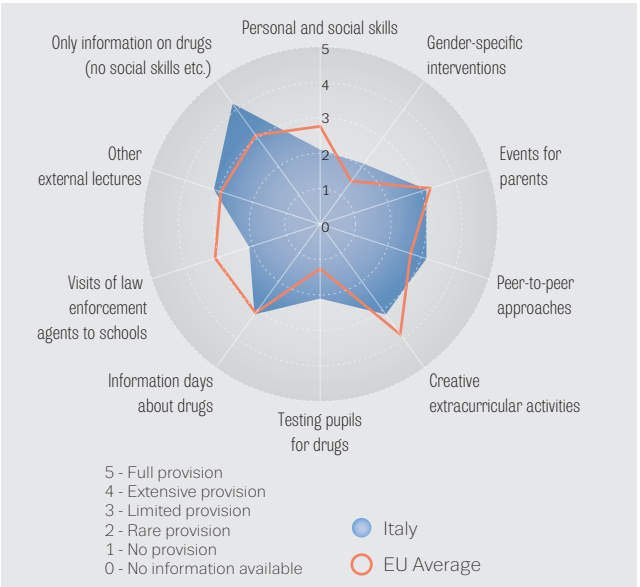
According to the available information, family involvement is considered central to all prevention efforts in Italy, and almost all regions have universal prevention projects targeting families, teachers and peers. Universal prevention that targets families consists largely of three types of initiatives: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

Selective prevention activities are mainly aimed at young people in recreational setting; immigrants; school drop-outs and young offenders; families with problem drug use and/or with mental health problems; and socially and academically marginalised young people.

Mass media campaigns continue to be an essential part of the prevention strategy and they focus mainly on general information and raising awareness about both licit and illicit substances.

FIGURE 13

Provision of interventions in schools in Italy (expert ratings)



NB: Year of data 2015.

Harm reduction

In Italy, the need to contain the spread of HIV among injecting heroin users in the early 1990s involved setting up outreach programmes and low-threshold centres, and the provision of clean injecting equipment and drug treatment. This was the beginning of the shift towards 'contacting and taking into care' those who were not receiving treatment from drug treatment services. The harm reduction approach was further consolidated in the state-regional accord of 1999 and the interventions were defined in draft harm reduction guidelines, although these guidelines have not yet been endorsed.

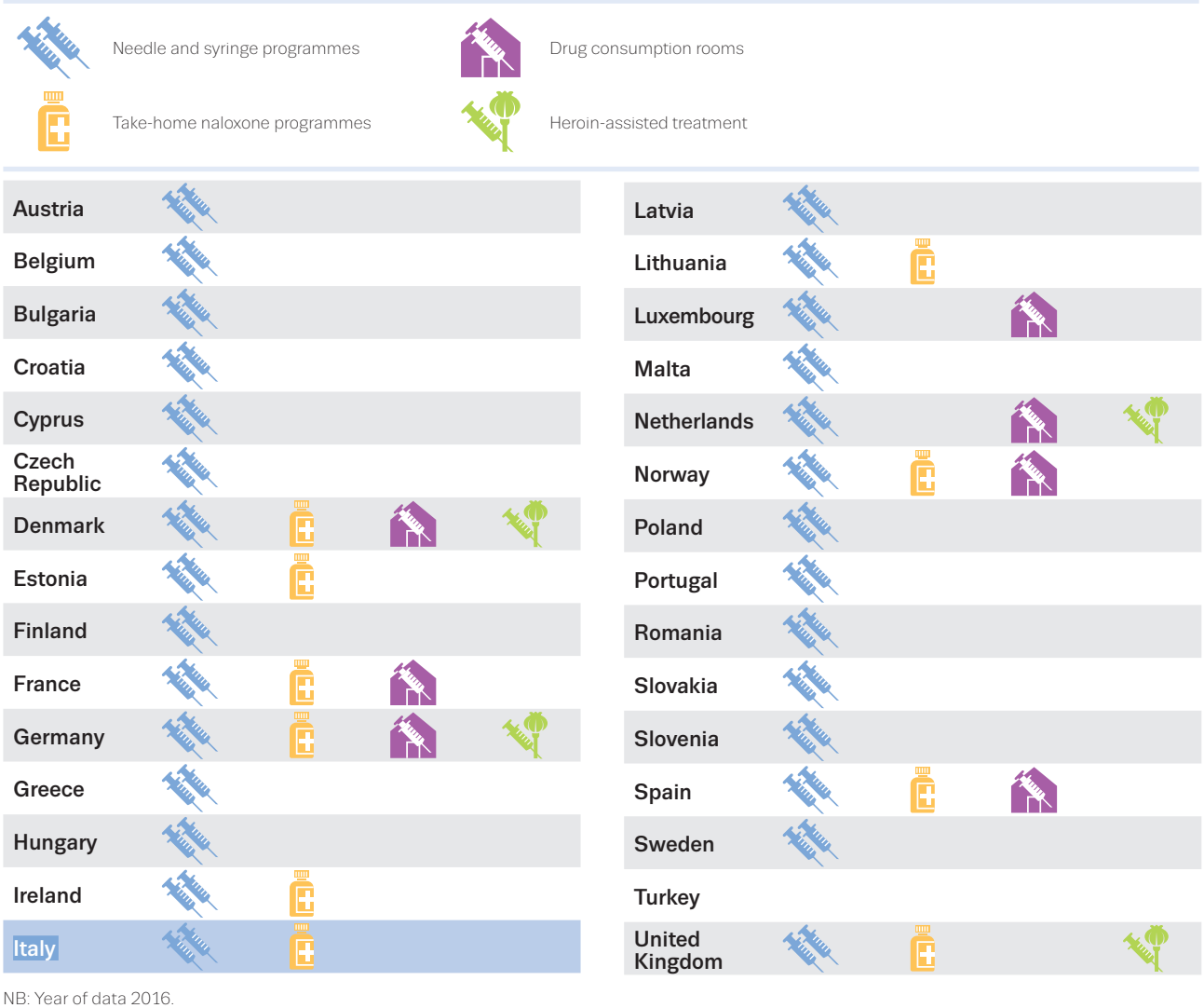
Harm reduction interventions

The range of harm reduction services and initiatives in Italy continues to be heterogeneous and diversified.

Some outreach programmes and projects exist at local levels and are operated by both public and private social and health organisations, together with specific projects funded through the National Drugs Fund; these usually include needle and syringe programmes, information dissemination and counselling.

FIGURE 14

Availability of selected harm reduction responses



NB: Year of data 2016.

Harm reduction programmes are more extensive in the northern and central Italian regions, and are usually located in the larger cities. Harm reduction interventions are delivered through mobile units, fixed sites (drop-in centres and reception units), outreach programmes and needle and syringe dispensing machines. A recent study indicates that, as well as needle and syringe exchange programmes, naloxone is also available in a number of surveyed harm reduction units (Figure 14).

Harm reduction programmes are more extensive in the northern and central Italian regions, and are usually located in the larger cities

Treatment

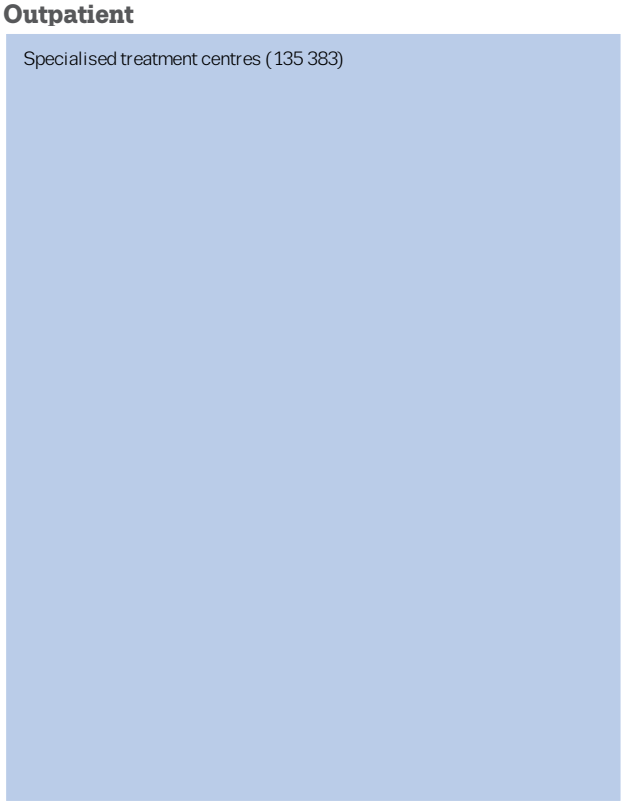
The treatment system

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

The Italian drug treatment system includes two complementary sub-systems consisting of public drug addiction service units (SerDs) and social-rehabilitative facilities (mainly residential or semi-residential). SerDs provide mainly outpatient treatment and are part of the national health system. Integrated treatment is provided

FIGURE 15

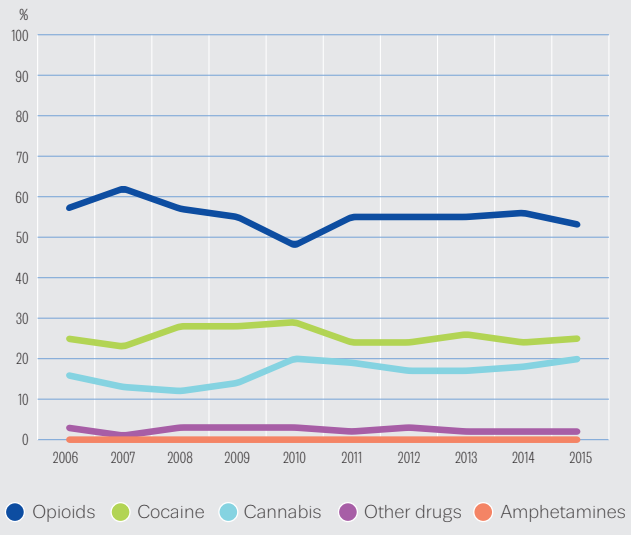
Drug treatment in Italy: settings and number treated



NB: Year of data 2015.

FIGURE 16

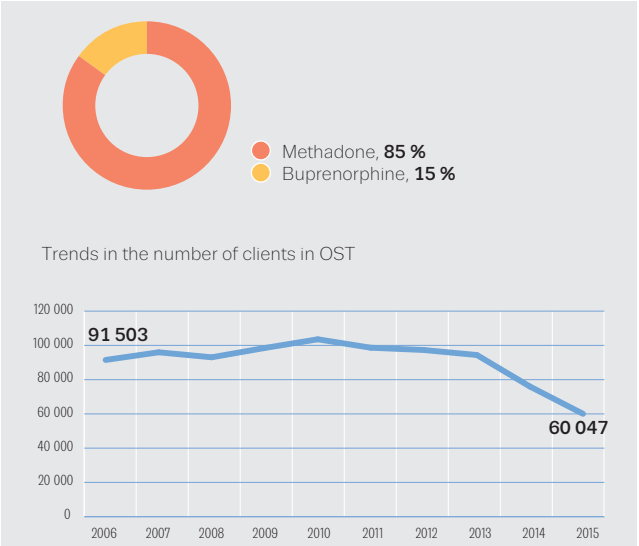
Trends in percentage of clients entering specialised drug treatment, by primary drug in Italy



NB: Year of data 2015.

FIGURE 17

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



NB: Year of data 2015.

within the SerDs, 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 by the SerDs, which, in most cases, authorise the local national health service unit to pay the fees for treatment. Most services are located in the northern regions of Italy, which have the highest numbers of drug users and the greatest urban densities. Interventions carried out by both public and private services include psychosocial support; psychotherapy and social service interventions; detoxification in residential settings; and vocational training in semi-residential settings. Detoxification is also carried out in general hospitals. However, the number of high-risk drug users in residential settings is believed to be low.

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 SerDs remains rare.

Treatment provision

Out of approximately 147 353 clients who were treated for drug dependence in Italy in 2015 (Figure 15), one third entered treatment during that year, while the remainder were long-term clients. The majority of clients in treatment were treated for opioid dependency, many of whom received OST. Opioids, mainly heroin, were reported as the main substance used by the majority of clients entering treatment in Italy. The proportion of opioid clients entering treatment has remained relatively stable over the last five years (Figure 16). Among those entering treatment for the first time, the decrease in the numbers of opioid users that had been observed in earlier years seems to have stabilised (Figure 8).

Methadone, which was introduced in 1975, is the most widely used substitution substance, although the use of buprenorphine has been increasing since its introduction in 1999 (Figure 17).

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

Drug use and responses in prison

Italian regions are responsible for provision of healthcare services in prisons, under the overall coordination of the Ministry of Health. In 2015, approximately one quarter of inmates were considered 'addicted'.

The Guidelines for National Health Service Interventions for the Protection of the Health of Persons Incarcerated or Institutionalized 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 SerDs should provide these services inside institutions, in collaboration with the ASL and the network of health and social services engaged in demand reduction. In order to implement the guidelines, the cooperation between the Department of Prison Administration with the Regions and ASL has been enhanced.

In 2015, approximately one quarter of inmates were considered 'addicted' in Italy

Quality assurance

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

The Italian Department of the National Antidrug Policies (DPA) has undertaken several training activities; the most recent activity had the aim of enhancing the knowledge of policymakers on how to apply the International Standards on Drug Use Prevention that were issued by the United Nations Office on Drugs and Crime in planning prevention interventions at the national level.

The DPA collects information on quality assurance from all the regions and the autonomous provinces through a structured questionnaire that is issued by the EMCDDA.

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. Regions and autonomous provinces increasingly assess the drug treatment quality using guidelines. A number of Italian prevention centres are supporting and implementing the European Drug Prevention Quality Standards, Phase II.

Only a few regions have reported the implementation of continuing education courses for psychologists.

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

Drug-related research

Drug-related research, covering a wide range of topics (including prevalence and patterns of substance use and related risk behaviours, prevention and other interventions, NPS, law enforcement and policy evaluation) is explored in Italy by an informal, but very active network. Various research groups, coordinated by the Italian DPA, collaborated in drafting a report to the Italian parliament in 2016. Public organisations, such as the National Research Council, the National Statistical Office and the National Health Institute, as well as several ministries and partners from the private sector, carried out field studies for that report. This collaboration is expected to continue and to expand to the analysis of qualitative and quantitative data collected from data providers and through new surveys.

Research priorities in Italy include (i) improvement of the strategies for diagnosis/early detection in order to reduce the gap between first drug use and first access to treatment or to educational initiatives; (ii) prioritising and promoting neuroscience and neuroimaging research to study brain damage that is related to drug use and the mechanisms of craving and self-control of behaviour (resisting); and (iii) promoting research into new pharmacological treatments and vaccines and, at the same time, into residential and mental rehabilitation treatments. Owing to the scarcity of scientific information about the characteristics of NPS, the new strategic plan (specific for NPS) promotes diagnostic, clinical, toxicological and neuroscience research on the psychobehavioural effects and the structural alterations that are linked to the use of NPS. The plan also promotes research about new online marketing methods (illegal markets) and prevention.

Owing to the scarcity of scientific information about NPS, a new strategic plan promotes diagnostic, clinical, toxicological and neuroscience research on the use of NPS

Drug markets

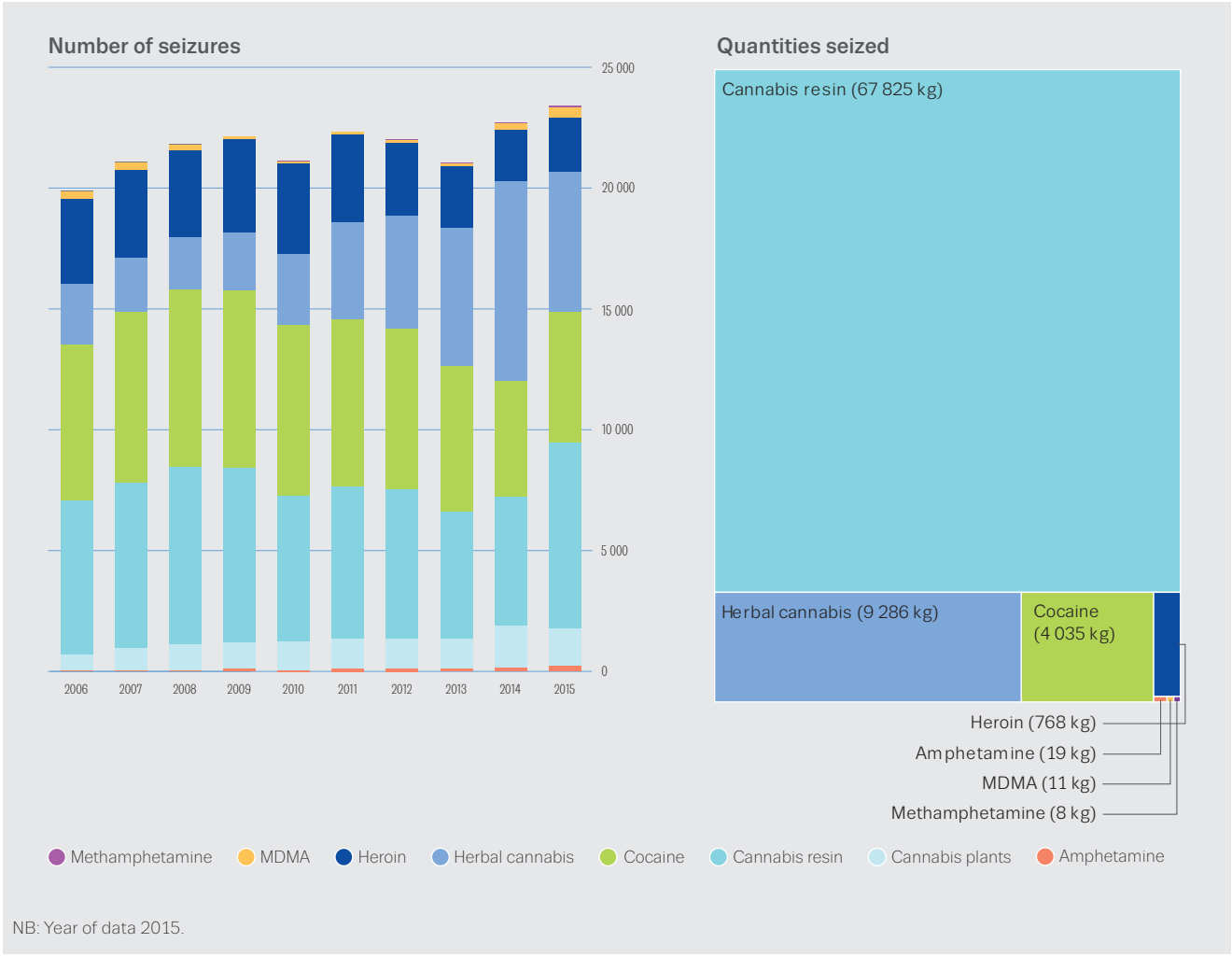
The Italian illicit drug market is dominated by large organised crime structures with well-established international links and operating bases in principal drug production and trafficking regions, such as South America, South-East Asia and northern and south-eastern Europe. Cocaine traffickers operating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

In the overall structure of illicit drug seizures, cannabis products dominate, followed by cocaine and heroin, with other substances (mainly synthetic stimulants) seized less frequently. Following seizure of a record number of cannabis plants (more than 4 million) in 2012, the numbers of plants seized annually has fallen, although there was an increase in 2015 compared with 2014 (138 000 and 121 659 plants, respectively). Police operations in 2015 led to cocaine seizures that amounted to more than those reported in 2014. In contrast, with regard to heroin, cannabis resin and herbal cannabis, quantities seized were lower in 2015 than in 2014. The amounts of synthetic drugs seized, such as MDMA and amphetamines, remain low, although the number of seizures of these substances in 2015 was higher than that reported in 2014 (Figure 18).

The retail price and purity of the main illicit substances seized are shown in Figure 19.

FIGURE 18

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



NB: Year of data 2015.

FIGURE 19

Price and potency/purity ranges of illicit drugs reported in Italy

NB: Price and potency/purity ranges: EU and national mean values: minimum and maximum.
Year of data 2015.

KEY DRUG STATISTICS FOR ITALY

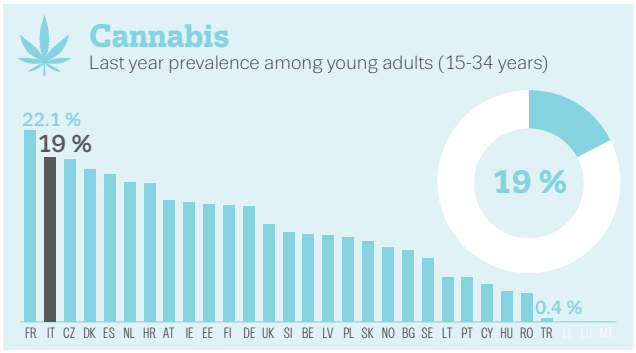
Most recent estimates and data reported

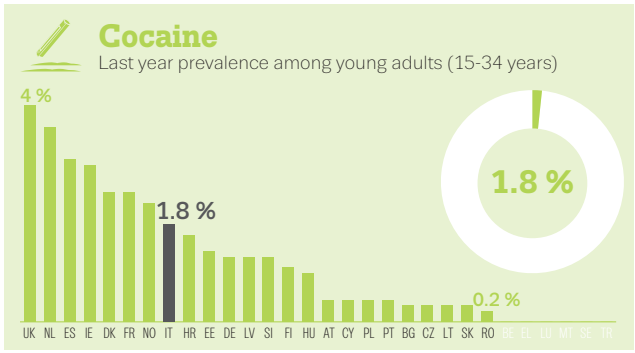
	Year	Country data	EU range	
			Minimum	Maximum
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	27.4	6.5	36.8
Last year prevalence of use — young adults (%)	2014	19	0.4	22.1
Last year prevalence of drug use — all adults (%)	2014	9.2	0.3	11.1
All treatment entrants (%)	2015	20	3	71
First-time treatment entrants (%)	2015	28	8	79
Quantity of herbal cannabis seized (kg)	2015	9 285.6	4	45 816
Number of herbal cannabis seizures	2015	5 833	106	156 984
Quantity of cannabis resin seized (kg)	2015	67 825.4	1	380 361
Number of cannabis resin seizures	2015	7 684	14	164 760
Potency — herbal (% THC) (minimum and maximum values registered)	2015	0.9-26	0	46
Potency — resin (% THC) (minimum and maximum values registered)	2015	1-35	0	87.4
Price per gram — herbal (EUR) (minimum and maximum values registered)	2015	6.8-9.3	0.6	31.1
Price per gram — resin (EUR) (minimum and maximum values registered)	2015	10.1-12.7	0.9	46.6
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	3.5	0.9	4.9
Last year prevalence of use — young adults (%)	2014	1.8	0.2	4
Last year prevalence of drug use — all adults (%)	2014	1.1	0.1	2.3
All treatment entrants (%)	2015	25	0	37
First-time treatment entrants (%)	2015	30	0	40
Quantity of cocaine seized (kg)	2015	4 035.1	2	21 621
Number of cocaine seizures	2015	5 403	16	38 273
Purity (%) (minimum and maximum values registered)	2015	0.4-9	0	100
Price per gram (EUR) (minimum and maximum values registered)	2015	58.4-83.8	10	248.5
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2	0.8	6.5
Last year prevalence of use — young adults (%)	2014	0.6	0.1	3.1
Last year prevalence of drug use — all adults (%)	2014	0.2	0	1.6
All treatment entrants (%)	2015	0	0	70
First-time treatment entrants (%)	2015	0	0	75
Quantity of amphetamine seized (kg)	2015	19	0	3 796
Number of amphetamine seizures	2015	206	1	10 388
Purity — amphetamine (%) (minimum and maximum values registered)	2015	1-71	0	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2015	37-38.4	1	139.8

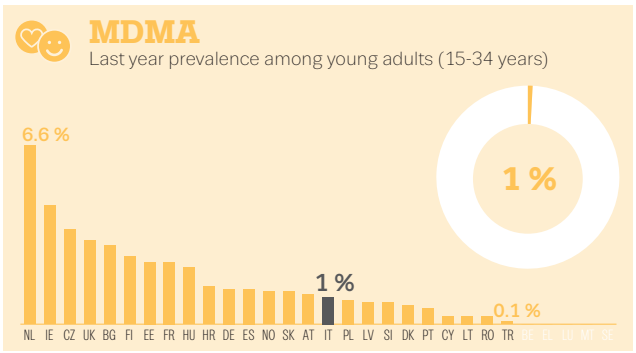
	Year	Country data	EU range Minimum	EU range Maximum
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.6	0.5	5.2
Last year prevalence of use — young adults (%)	2014	1	0.1	6.6
Last year prevalence of drug use — all adults (%)	2014	0.4	0.1	3.4
All treatment entrants (%)	2015	0	0	2
First-time treatment entrants (%)	2015	0	0	2
Quantity of MDMA seized (tablets)	2015	17 573	54	5 673 901
Number of MDMA seizures	2015	406	3	5 012
Purity (mg of MDMA base per unit) (minimum and maximum values registered)	No data	No data	0	293
Price per tablet (EUR) (minimum and maximum values registered)	2015	14.6-17.4	0.5	60
Opioids				
High-risk opioid use (rate/1 000)	2015	5.2	0.3	8.1
All treatment entrants (%)	2015	53	4	93
First-time treatment entrants (%)	2015	39	2	87
Quantity of heroin seized (kg)	2015	768	0	8 294
Number of heroin seizures	2015	2 230	2	12 271
Purity — heroin (%) (minimum and maximum values registered)	2015	0.6-59	0	96
Price per gram — heroin (EUR) (minimum and maximum values registered)	2015	35.4-42.4	3.1	214
Drug-related infectious diseases/injecting/deaths				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2015	1.8	0	44
HIV prevalence among PWID* (%)	2015	27.3	0	30.9
HCV prevalence among PWID* (%)	2015	57.3	15.7	83.5
Injecting drug use (cases rate/1 000 population)	No data	No data	0.2	9.2
Drug-induced deaths — all adults (cases/million population)	2015	7.8	1.6	102.7
Health and social responses				
Syringes distributed through specialised programmes	No data	No data	164	12 314 781
Clients in substitution treatment	2015	60 047	252	168 840
Treatment demand				
All clients	2015	47 213	282	124 234
First-time clients	2015	20 731	24	40 390
Drug law offences				
Number of reports of offences	2015	61 145	472	411 157
Offences for use/possession	2015	33 427	359	390 843

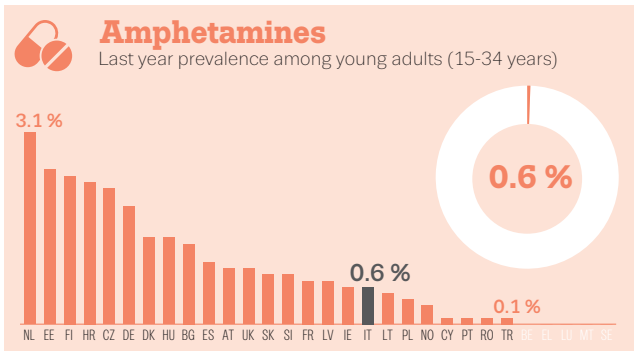
* PWID — People who inject drugs.

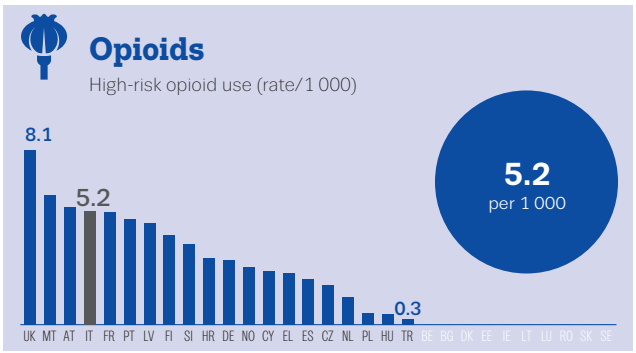
EU Dashboard

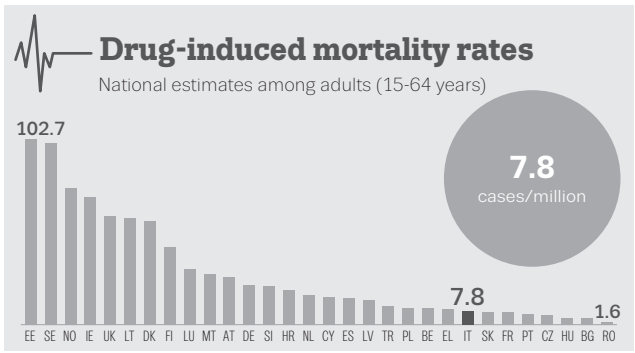


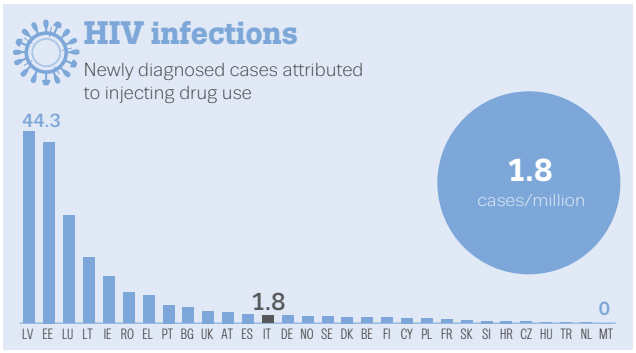


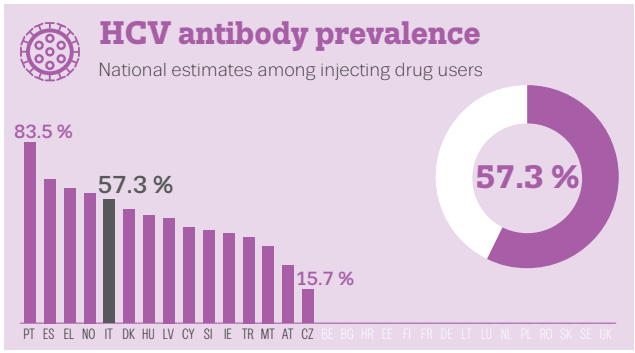












NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found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

Recommended citation

European Monitoring Centre for Drugs and Drug Addiction (2017), *Italy, Country Drug Report 2017,* Publications Office of the European Union, Luxembourg.

About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including: policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.

Reitox
Italian Focal Point

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.

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Luxembourg: Publications Office of the European Union
doi:10.2810/372788 | ISBN 978-92-9497-004-6

This publication is available only in electronic format.

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