

KEY ISSUES

1 Demand Reduction Expenditure on Drugs in 1999

1.1 Concepts and definitions

There were no common definitions or concepts of demand reduction or of what constitutes demand reduction expenditure. At the national level, several different Ministries and Departments had a role in the financing of activities, which might be considered within the framework of drug demand reduction. However, in the absence in 1999 of a National Drugs Plan, these activities were determined within the general priorities of the individual Ministry rather than as part of a co-ordinated drug demand reduction strategy.

The clearest basis for identifying national concepts and definitions can be found in the law 45/99, which revised the Presidential Decree 309/90. Under the law there was a symbolic move of the National Drugs Observatory, with its focus on epidemiology and demand reduction, from the Ministry of the Interior to the Department of Social Affairs. This move focused demand reduction concepts on socio-cultural rather than control elements. The law also established the national guidance for use of the re-established National Drugs Fund. This Fund was the only dedicated money for drug related activity and is specifically concerned with drug demand reduction.

1.2 Financial mechanism, responsibilities and accountability

1.2.1 Organisation and delivery of demand reduction expenditure

There is no dedicated demand reduction expenditure within the regular budgets of most public authorities which either directly provide or pay for the provision of demand reduction activities.

At the central level the Government proposes the annual budget for approval by Parliament, with the allocation of resources to Ministries and broad areas of activity. A substantial amount of funding is devolved to the Regional, Provincial or Commune level and much of the funding for demand reduction is at these levels.

Expenditure on drug prevention and early intervention programmes, for example, may be provided through the local health authority (ASL – Azienda Sanità Locale) for the work of street units, for prevention programmes aimed at specific settings/populations or for participation in prevention programmes provided by other organisations. They may also finance training programmes to develop or improve the prevention skills of other professionals. School based prevention programmes may be organised, funded and delivered by local education authorities as part of normal educational and curriculum activities. They may also include the participation of other professionals whose time is donated by their own employing body – public or private.

For each of the main areas of:

- prevention - primary and secondary
- treatment - harm reduction and abstinence/therapeutic oriented
- rehabilitation - day/semi-residential and residential
- re-insertion - preparation and after-care

there are a range of activities, a range of funding sources and a range of service providers. Table 27 shows a matrix of activities, sources and providers. This is indicative of the range of activities and of funding sources but is not exhaustive. It is noticeable that there is limited organisation or delivery of funding for after-care. With the exception of resources from the National Drugs Fund, delivery is largely a matter of funding from non-public sources, including funding in kind through the provision of meeting rooms and facilities by church and community associations.

| | | | | | | |
|-----------------------|---|---|--|--|--|--|
| Prevention | Primary Prevention <i>Range of Activities</i> School based Telephone help line Internet Youth counselling Community based Parent and child Training Prevention campaigns Sport/cultural activities | Range of Funding Sources Local health authority (ASL) Local education authority National Drugs Fund Sponsorship Private funding Regional Health Dept. Province | Range of Service Deliverers Ser.T NGOs/private social organisations Schools Sports organisations Cultural associations | Secondary Prevention <i>Range of Activities</i> Street units Outreach work Referrals from the Prefect Youth counselling Alternative measures | Range of Funding Sources Local health authority Prefecture/Ministry of Interior Ministry of Justice Private funding National Drugs Fund Commune | Range of Service Deliverers Ser.T NGOs/private social organisations Adult & Youth Probation Services |
| Treatment | Harm Reduction <i>Range of Activities</i> Outreach work Injecting equipment provision/ exchange Emergency accommodation Crisis intervention Day centres Health care | Range of Funding Sources Local health authority National Drugs Fund Commune Region Private funding | Range of Service Deliverers Ser.T NGOs/private social organisations Pharmacies | Abstinence/Therapeutic Oriented <i>Range of Activities</i> Substitute prescribing Symptomatic treatment Detoxification Psychotherapy Psycho-social support Social work Alternatives to prison Referrals from the Prefect | Range of Funding Sources Local health authority Ministry of Justice Prefecture/Ministry of Interior | Range of Service Deliverers Ser.T. NGOs/private social organisations Adult & Youth Probation Services |
| Rehabilitation | Day/semi-residential <i>Range of Activities</i> Therapeutic day programme Assessment centre | Range of Funding Sources Local health authority Private funding Earned income National Drugs Fund | Range of Service Deliverers NGOs/private social organisations Ser.T. | Residential <i>Range of Activities</i> Therapeutic community | Range of Funding Sources Local health authority Private funding Earned income National Drugs Fund | Range of Service Deliverers NGOs/private social organisations Ser.T. |
| Re-insertion | Preparation <i>Range of Activities</i> Education Vocational training | Range of Funding Sources Region Local health authority EC programmes/ESF Province Commune National Drugs Fund Ministry of Labour | Range of Service Deliverers NGOs/private social organisations Social co-operatives Employer & employee associations | After-Care <i>Range of Activities</i> Relapse prevention Self-help groups Social facilities | Range of Funding Sources National Drugs Fund Private funding Sponsorship User contributions | Range of Service Deliverers NGOs/private social organisations Self-help associations Church/community associations |

Table 27

Whilst most expenditure on demand reduction occurs within the regular budgets of the relevant public authorities, and there is some overlap of responsibilities, in practice there appears to have been shared funding for some activities where these have all been undertaken by a single organisation. Thus, a private socio-rehabilitation organisation might carry out primary prevention campaigns, do secondary prevention through outreach work or youth projects, operate a harm reduction programme including primary health care, referral to emergency accommodation, etc. operate a day service and a residential rehabilitation programme and include education and vocational training within their work. Clients will come from both the Ser.T. and through the Prefect or from the courts as an alternative to custody measure. This is a common situation for many organisations such as Fondazione Exodus, Gruppo Abele, Fondazione Villa Maraini, Comunità Emmanuel, the organisations with the title Centro di Solidarietà, etc. Organisations which primarily operate residential rehabilitation services, such as Comunità Incontro or Mondo X will still receive income from multiple sources for different aspects of their rehabilitation or re-insertion activities and for clients coming from different sources.

The accountability process for funding demand reduction activities varied depending on the source of the funding and the service deliverer. For the work of the Ser.T. there was no clear financial accountability structure. For the private socio-rehabilitative organisations, they were required to submit invoices to the relevant funding authority (ASL, Ministry of Justice, etc) for clients in their care. The amount paid was based on the type of service – residential, semi-residential or ambulatory and the category of the service – Type A (socio-rehabilitative) or Type B (socio-educative) organisation. However, there was no financial accountability to an external body required. The only external interventions related to the individual client where s/he was referred through the Prefect of Ministry of Justice. In such instances, confirmation that the client was participating in the treatment programme and complying with any conditions attached to an order was required.

The only dedicated drug demand reduction expenditure which can be quite clearly identified is the allocation of the National Drugs Fund. The amount made available in 1999 was in fact for three years, 1997 – 1999. This was because there had been no agreement on the allocation of the Fund and its operations were suspended until agreement between central and regional government could be reached. Law 45/99 specified the allocation of funds and the purposes for which the money should be used. The allocation to Regions was based on the percentage of the resident population of Italy living in the Region and the percentage of all drug users in treatment with the Ser.T attending for treatment in the Region. The median percentage was then used as the percentage of the National Fund to be allocated to an individual Region.

At the national level, Ministries submitted project proposals to the Department of Social Affairs and these proposals were considered by a committee appointed by the Minister to recommend which should be approved. The individual Ministries then determined how the project should be implemented. In some instances there was an open call for tenders to carry out projects. This was the case, for instance, with several Ministry of Health projects. In other instances the projects were implemented through existing structures within the Ministries. The mechanism most commonly used was for a regional or provincial structure to take the lead in co-ordinating the project amongst all the participants. This was the case, for instance, in terms of projects carried out by the Ministry of the Interior, the Ministry of Education and the Ministry of Justice. In all instances, the relevant Ministry was responsible for ensuring the project was carried out in accordance with the proposal and accountable for the expenditure.

At the Regional level, each Region approved council resolutions (delibera Consiglio) to define the funding criteria and application procedure for organisations wishing to submit project proposals; to receive its share of the Fund and the consequent variation in the Regional budget and to approve the funding of projects selected for implementation. In practice the time required between approval of the national legislation, the adoption of the necessary council resolution inviting submission of project proposals and selection of projects for funding meant that there was relatively little expenditure from the Fund in 1999 and the majority of expenditure began in 2000.

1.2.2 Interaction between public and private expenditure

It is extremely difficult to provide any clear data on this matter. Private socio-rehabilitative organisations are not required under Italian law to publish their accounts or their sources of income. In consequence there is no data readily accessible on the expenditure over and above that provided from public administrations for client treatments or through the National Drugs Fund for projects. It is known that businesses and individuals have sponsored specific projects or events or provided donations or gifts in kind, but there is no mechanism for identifying the amount of funding provided or its relative significance. For instance, many rehabilitation services occupy property which has been provided to them at no or a nominal charge. However, the amount of property and land provided in this way is not known and its value cannot, therefore, be readily calculated. It is reasonable to assume, however, that without such provision there would be significantly fewer drug treatment services operating in Italy. An important factor has been the contribution which the Catholic Church has made to the work of social organisations in Italy. Priests lead a large number of organisations working with drug users. Whilst the organisations themselves are secular, the interconnection with the Church has provided significant benefits, especially through the use of Church properties which were surplus to requirements.

1.2.3 Financial sources and responsibilities

There were a number of mechanisms operating for the allocation and utilisation of funds for drug demand reduction. The principle mechanism was the use of the regular budget to deliver services and responses. No Ministry had a dedicated and specific allocation of funds for demand reduction.

The Ministry of Health allocated resources to the Regions for the delivery of health care in the territory. Regions were responsible for the provision of health care appropriate to the needs of their territory and in accordance with the triennial National Health Plan and health legislation or regulations in force at the time. Regions allocated resources to the local health authorities (ASL), retaining some funds for Regional functions and specialities. The Ministry of Justice allocated resources for drug treatment within prison and for the payment of therapeutic interventions as an alternative to imprisonment. Again these funds were part of the general budget and were not dedicated drug demand reduction monies. Through the Ministry of the Interior the Prefect made payment for interventions aimed at people referred for unlawful possession of a listed drug. The Ministry of Education financed the operations of the school based Centres of Information and Consultation (CIC) and prevention/health education programmes through the allocation of the normal education budget. Section 4.2.1 has dealt extensively with the operations of the National Drugs Fund and will not be repeated here.

At the Regional level, the Regional Council adopted the annual budget utilising resources allocated from central government and its own resources

raised by local taxes. Although resources were allocated for Departments and areas of activity, there was no clear dedicated demand reduction funds which could be specifically identified. Table 26 above has shown the relationship between demand reduction activity, funding providers and service providers.

1.3 Expenditure at national level

For the reasons already given, it is not possible to provide information about expenditure at the national level dedicated to drug demand reduction activities. Neither the budget approved by law 454 of 23 December 1998 nor the law 293 of 9 October 2000 approving the general accounts of the central government provide detailed information on expenditure relevant to demand reduction. The only definite source of data about such expenditure relates to the National Drugs Fund. As has been noted already, the Fund was re-activated in 1999 with funds allocated for 1997, 1998 and 1999.

The total amount available for 1999 was €100,255,612 of which €77,236,129 (75%) was allocated to the Regions and €23,019,483 (25%) was allocated to Ministries for national projects promoted by them. 89 projects were approved submitted by 6 Ministries, with 45%

| Projects approved and resources allocated to Ministries - 1999 | | | | |
|--|--------------|------------|---------------|------------|
| Ministry | No. Projects | % of total | Amount (€000) | % of total |
| Labour & Social Security | 9 | 10.1 | 1846.4 | 8.0 |
| Interior | 13 | 14.6 | 1035.1 | 4.5 |
| Defence | 4 | 4.4 | 919.8 | 4.0 |
| Education | 8 | 9.0 | 8106.0 | 35.2 |
| Health | 40 | 44.9 | 4877.9 | 21.2 |
| Justice | 15 | 16.9 | 6234.3 | 27.1 |
| TOTAL | 89 | 100 | 23019.5 | 100 |

Table 28 Source: *Relazione al Parlamento 1999*

from the Ministry of Health. However, in terms of funding, the largest percentage went to the Ministry of Education, with 35.2% of the available funds, followed by the Ministry of Justice with 27.1%. Only 21.2% of funds were allocated for Ministry of Health projects (Table 28). In terms of the types of project funded, of the 89, 21.3% were for prevention, 11.2% for health education, 39.3% for data reporting and evaluation systems, 7% for information and awareness projects, 19.1% for staff training and 1.1% for data exchange between central and local administrations.

1.4 Expenditure by specialised drug treatment centres

There is no ready mechanism for establishing expenditure by drug treatment centres. Neither public nor private drug treatment services publish accounts which identify specific expenditures. The data provided by Regions varies in the details offered and is not necessarily comparable between Regions. Table 29 shows the reported level of expenditure as provided by Regions for the Annual Report to Parliament (*Relazione 2000*). As can be seen from this data, 11 Regions were able to state the amount paid to NGOs/private socio-rehabilitative organisations for providing residential, semi-residential or ambulatory services to clients registered with the Ser.T. Only 2 Regions could separate funding by location of treatment. 8 Regions had data on the costs of the Ser.T. It is not clear what is included in these costs and whether the calculation bases are comparable between Regions. Only 3 Regions had data on the costs of pharmaceutical treatments. A total of 9 Regions had no data on the costs of the core activities undertaken with regard to drug demand reduction. Data on the allocation of the National Drugs Fund and the amount of the allocation committed by the end of the year was more readily available because of the reporting requirements in order that funds could be released. Of the 4 Regions and the Autonomous Province with committed expenditure, all but one had committed the full three year amount by the end of 1999. What is not clear is how much was actually spent in 1999 or how many projects were financed for one, two or three years. It is clear that the projects which were funded were a mix of new projects and of continuing projects and that

44.8% of financed projects were partially funded. This suggests that either a part of a project proposal was rejected although the overall proposal was accepted, or that a significant number of projects were co-financed from other sources.

| Known expenditure on drug demand activities by Region - 1999 | | | | | | | | |
|--|------------------------|------------------|-----------------------------|-----------|---------|--|-----------|--------------------------------|
| | NGOs/Private (€000) | | Ser.T (€000) | | | National Drugs Fund (€000) ^[1] | | TOTAL ^[2] (€000) |
| | In Region | Out of Region | Full time ^[3] | Ad hoc | Drugs | Used | Available | |
| Piemonte | | | | | | | 21,962.3 | |
| Valle d'Aosta | 41.0 | 272.2 | 791.4 | 206.6 | | | 565.5 | 1,311,081 |
| Lombardia | 22,532.5 | | | | | 25,394.2 | 37,432.3 | 47,926,684 |
| Prov. Trento | 1,199.9 | | 1,795.1 | | | | 1,475.6 | 2,994,944 |
| Prov. Bolzano | 3,074.5 | | 910.1 | | | 1,303.5 | 1,303.6 | 5,288,072 |
| Trentino A.A. | 4,274.3 | | 2,705.2 | | | 1,303.5 | 2,779.1 | 8,283,017 |
| Veneto | | | | | | 18,839.3 | 18,839.3 | 18,839,315 |
| Friuli V. G. | | | | | | | 4,795.8 | |
| Liguria | 5,268.1 | 516.4 | 9,899.1 | | 760.7 | 5,936.2 | 5,951.6 | 22,380,473 |
| Emilia Romagna | 16,261.0 | | 38,781.8 | | | | 16,625.8 | 55,042,763 |
| Toscana | 23,270.0 | | 21,663.8 | | | 16,156.8 | 16,158.4 | 61,090,654 |
| Marche | 4,493.2 | | 7,488.6 | | | | 6,197.5 | 11,981,800 |
| Umbria | | | | | | | 4,672.9 | |
| Lazio | | | | | | | 21,938.1 | |
| Abruzzo | | | | | | | 5,828.7 | |
| Molise | | | | | | | 1,229.7 | |
| Campania | 4,894.5 | | 14,779.6 | | 1,724.4 | | 23,561.3 | 21,398,446 |
| Puglia | | | | | | | 21,101.9 | |
| Basilicata | 217.7 | | 314.5 | | 25.8 | | 2,164.5 | 557,997 |
| Calabria | | | | | | | 7,525.8 | |
| Sicilia | 3,494.4 | | | | | | 18,199.4 | 3,494,409 |
| Sardegna | 3,305.3 | | | | | | 8,411.0 | 3,305,324 |
| ITALIA | 88,051.9 | 788.6 | 96,423.9 | 206.6 | 2,510.9 | 67,630.0 | 245,940.9 | 255,611,962 |

Table 29

Source: *Relazione Annuale al Parlamento 1999*

- [1] Amount refers to the total for the three years 1997-1999. Used is the amount committed by the end of 1999, allocated is the amount available from the fund for the whole period
- [2] Total refers to the total of declared expenditure. Actual expenditure would in most instances be higher.
- [3] It has been assumed that the declared expenditure relates to staff costs. It is possible that where separate expenditure for part time or ad hoc staff or for drugs (substitution or Symptomatic treatments) has not been declared, the declared expenditure relates to the total cost of the Ser.T.
- [4] All expenditure has been expressed in Euro.

The lack of any published financial accounts from either public or private organisations engaged in demand reduction activity makes it impossible to provide any additional data on the actual costs involved or to calculate the likely costs.

1.5 Conclusions

There is at present no published data or research on the true costs or the estimate range of costs for demand reduction activity in Italy. This is a substantial gap in data. Some initial work has been undertaken to estimate costs in one area of Italy and one paper on clinical process cost analysis ((Vannucci et al, 2001) has been published. Under a Ministry of Health promoted project concerned with the cost benefits of the Ser.T., principles and models for measuring both direct and indirect costs have been proposed (Serpelloni et al, 2002). This work is solely concerned

with treatment related costs and not with measuring the expenditure and social costs of drug use. The Office of the Extraordinary Commissioner for Drug Dependence has also undertaken initial work on the costs of drug use, including direct and indirect costs across a wide economic spectrum. However, the only readily available data has been that related to health expenditure, and even this is not complete. There is, therefore, a need for continued work in order that a better understanding is developed of the economic impact of drug use and the costs and benefits of different types of intervention, singly and in combination.

A national estimate of the total health care costs of drug addiction in Italy was made, placing this at €516.456.899. This is based on an analysis of all costs of the local health services (ASL) for 1998 and was reported in the Annual Report to Parliament for 1999. Allowing for inflation, this would suggest health care costs in 1999 of around €525.000.000 and €535.000.000. This global estimate of health care costs does not, however, deal with expenditure by NGOs from private funds or from project funding at the local, Regional or European level, nor does it include a cost estimate for the work of volunteers or conscientious objectors to conscription into the armed forces.

1.6 Methodological information

1.6.1 *Limits in data availability*

There are considerable limits on data availability with regard to expenditure on drug demand reduction. The only dedicated funds designated for this area of activity are those allocated through the National Drug Fund. However, the commitment of resources in a fiscal year for work in this area does not equate with actual expenditure in the fiscal year. The situation was further complicated in 1999 because the National Drugs Fund, which had been in abeyance for several years, was reactivated and funds for three years were committed jointly in a single year.

Regions, when providing information for the Annual Report to Parliament on the State of the Drug Problem in Italy are asked to give data on the cost of their response to drug problems. For 1999, 7 Regions provided no data, 8 Regions had data on the cost of the Ser.T. and 11 on payments to private socio-rehabilitative structures.

Private social organisations are not required to publish annual accounts open to public inspection. No data is, therefore, available on demand reduction activity financed from other sources, public or private.

In addition to funding from the health service, through the Regions, to social organisations, funding also comes from the Ministry of Justice, the Ministry of Labour, the Ministry of Education, other Regional Departments, the Provincial and the Commune administrations, the Prefectures and Regional Prison Administrations. There is no central data available on the amount used for demand reduction activities within a single administration and no consolidated data on the range of expenditure at central Regional or more local levels.

1.6.2 *Main studies and research*

There are no published studies on expenditure on drug demand reduction as a main topic. Some publications do make reference to some aspects of expenditure but the data is extremely limited and is not in comparable form. One recently published study (Vannucci et al. 2001) discusses clinical process cost analysis within the Ser.T. of Prato. This is an interesting article examining costs and the impact of modifications in the clinical process on costs. However, it is focused on the clinical process and does not analyse all costs involved in the operation of the service but those involved in conducting a specific aspect of the clinical process.

The Office of the Extraordinary Commissioner for Drug Dependence has commissioned work to estimate the social costs of drug dependence in Italy.

This work has resulted in some preliminary findings in an unpublished document which relates to the year 2000. It is hoped that as the project develops it will provide improved data covering the range of direct and indirect costs. The Ministry of Health has funded a project through the National Drugs Fund allocation for 1997 – 1999 to evaluate the cost of the Ser.T. The project is co-ordinated by the Veneto Region and a further 15 Regions and one Autonomous Province are involved. Project AnCos is still in operation and no cost related data has yet emerged. From a presentation of the project it is not clear at present what costs have been included and how fully the data will represent expenditure by at least one part of the public administration.

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2 **Drug and Alcohol Use among Young People aged 12 – 18**

2.1 **Prevalence, trends and patterns of use**

2.1.1 *General population and special surveys*

A general population survey of drug use was conducted in Italy for the first time in 2001. The age range selected for the survey was the 15 – 44 age group. The ESPAD Italia survey has been carried out in each of the last three years and there is some base line data from the survey carried out in 1995. The age range for the 1999 and 2000 surveys was 14 – 20 and for the 2001 survey 15 – 19.

The data from the general population survey was analysed by three age groups, the relevant one for this topic being the 15 – 24 age group. Lifetime prevalence for the use of any illicit drug was 22.8%, with cannabis (22.6%) and hypnotics/sedatives (13.7%) the drugs most likely to have been tried. Last 12 months prevalence was 11.8% for any illicit drug, 11.5% for cannabis and 13.7% for hypnotics/sedatives whilst for last 30 days

prevalence there was a further reduction to 9.2% for any illicit drug and for cannabis and 1.2% for hypnotics/sedatives. Prevalence for use of any illicit drug and for use of cannabis was considerably higher for males than for females. However, prevalence of hypnotics/sedatives use was considerably higher for females than for males. It is also noticeable that cocaine prevalence rose proportionately for last 12 months and last 30 days prevalence. This might suggest not only increased use but also increased availability.

The ESPAD Italia study has been reported extensively in the section of this report concerned with epidemiology. The data will not, therefore, be repeated here. In summary, over the last three years it indicates a slow increase in alcohol consumption and in drunkenness, a reduction in alcohol and other drug combined use and a general reduction in the percentage of people reporting drug use in their lifetime. Cannabis use, however, has remained broadly stable whereas use of almost all other drugs has shown a downward trend.

The Central Directorate for Documentation of the Ministry of the Interior produces data on referrals to the Prefect for unlawful possession of a listed drug and the Juvenile Justice Department of the Ministry of Justice has data on drug use by young offenders.

| | Under 15 | | 15 - 17 | |
|--------------------------------|------------|-----------|-------------|------------|
| | Male | Female | Male | Female |
| New & only one referral | 271 | 29 | 1386 | 112 |
| New & more than one referral | 7 | 0 | 43 | 2 |
| Known & only one referral | 5 | 0 | 67 | 1 |
| Known & more than one referral | 0 | 0 | 7 | 0 |
| TOTAL | 283 | 29 | 1503 | 115 |

Table 30 Source: DCD, Ministry of Interior

Between July 1990 and December 2001 some 303,702 referrals were made to the Prefect. Of these, 25,822 (8.5%) were under 18. The percentage of male juvenile referrals as a percentage of all male referrals was 8.5% and the equivalent figure for female juvenile referrals was 8.4%. In 2001, there were 311 referrals of people under 15 and 1,618 referrals of people aged 15 –

| | 14-15 | | 16-17 | |
|---------------|------------|------------|------------|------------|
| | No. | % | No. | % |
| Italy | 96 | 57,1 | 575 | 77,8 |
| Other EU | 2 | 1,2 | 3 | 0,4 |
| Other Europe | 11 | 6,5 | 38 | 5,1 |
| Africa | 54 | 32,1 | 108 | 14,6 |
| Latin America | 1 | 0,6 | 9 | 1,2 |
| Asia | 4 | 2,4 | 6 | 0,8 |
| TOTAL | 168 | 100 | 739 | 100 |

Table 31 Source: Ministry of Justice

17 (Table 30). Together they represented 8.8% of all referrals to the Prefect in 2001. This shows a continuing increase in the percentage of juveniles referred. In 1998 7.6% of all referrals were under 18 and in 1999 this rose to 8%. Given that the total number of referrals has continued to fall annually, this may represent specific police activity, higher likelihood of people in these age groups being stopped or a combination of factors. The data does not necessarily indicate increased levels of drug use in young people, although data from other sources does suggest that casual use of drugs, as opposed to regular use, has increased over time in this population. The available data does not allow analysis of drugs involved by age. The data from the Juvenile Justice Department does, however, provide more qualitative data. In 2001 some 907 drug using young offenders aged 14 – 17 passed through the Service. The vast majority (95%) were male. Table 31 shows drug using offenders passing through the Service by age and nationality. Italians and young people from Africa, almost exclusively from north Africa, are predominant. Interestingly the percentage of north Africans is considerably higher in the younger age group than in the older one. This

may reflect a number of factors, such as higher visibility, residency status, etc. 60% of all offences committed by non-Italian drug using offenders were against the drug laws whilst only 53% of offences by Italian drug using offenders were against the drug laws. The data on drug use is not available by age range. Of the 1,116 identified drug using offenders, 46.5% were

| Primary and All drug use of Young Offenders - 2001 | | | | |
|---|-------------|------------|------------|-------------|
| | Primary | | | All |
| | All | 14-15 | 16-17 | |
| Cannabis | 782 | 125 | 545 | 913 |
| Cocaine | 108 | 11 | 70 | 152 |
| Opiates | 138 | 22 | 73 | 143 |
| Antidep/Psychostim | 11 | 2 | 5 | 66 |
| Other drugs (inc. alcohol) | 61 | 7 | 39 | 143 |
| TOTAL | 1100 | 167 | 732 | 1417 |

Table 32 Source: Ministry of Justice

occasional and 43.9% were regular drug users. 9% were classified as drug dependent and data was not available for 0.6%. Data on primary drug and all drug use (Table 32) shows that cannabis use predominates. It also shows that there was a degree of multiple use. However, without additional information it cannot be certain that this reflects combined use, occasional use of one substance and regular use of another substance, or any other combination. It does, however, suggest a degree of experimentation with listed drugs. There is clearly a significant change in the type of drug used by age and this mirrors the data from the ESPAD Italia study which shows drug use initiation related to alcohol, tobacco and cannabis but use of other drugs occurring at a later age.

2.1.2 Qualitative research on patterns of use

There have been a number of reports published which review drug use in either specific populations or in specific settings. Many of these reports are single studies with no comparative data. They do, however, provide a useful snapshot of use. Ranieri et al (2001) undertook a survey among secondary school pupils in Arezzo (Tuscany) to evaluate their involvement with alcohol and with new drugs. 2,287 students aged 14 – 18 were involved, 53.3% male and 46.2% female. 608 (26.5%) of students were in the first year and 325 (14.2%) in the fifth year. A questionnaire was administered three weeks before a prevention campaign, with subsequent administration a year later. The survey found that 73.6% knew where to get whisky, almost 41.5% where to get ecstasy and 37.5% where to get cannabis. Over 20% knew where to get cocaine and LSD and 20% where to get heroin. The survey also found that males were more likely to use superalcohol to deal with a feeling of depression and to relax with friends. 1,983 (60.5%) of the students reported no use of superalcohol, cannabis or ecstasy and 904 (39.5%) reported use of these substances. Of this latter group, 558 (61.7%) only used superalcohol and 94 (10.4%) only cannabis. 151 (16.7%) used superalcohol associated with cannabis use. Among the 319 cannabis users, 76.5% also used superalcohol. Similar use patterns were found with ecstasy users – 101 users, 85.1% also using superalcohol – and with cocaine users – 97 users, 86.6% also using superalcohol. Semboloni et al (2001) report data on patterns of drug use amongst young people collected in the course of a drug dependence and AIDS prevention experiment conducted in a secondary school in the outskirts of Genoa. 170 students were involved in the project with a median age of 14.6 years. Of these, 48 (28%) reported having used drugs. Cannabis use was most prevalent with 23% having used it once, 58% occasionally and 29% regularly. Occasional use of cocaine (6%), LSD (6%) and ecstasy (10%) was reported, all percentages being higher than the percentage reporting single use of these substances. 2% reported regular use of cocaine but there was no reported regular use of

other drugs. The study also provided a comparison of tobacco and alcohol use between users and non-users (Table 33). Almost all users smoked tobacco whilst only 50% of non-users smoked. The users also had significantly higher levels of alcohol use with the exception of wine drinking

| Comparison of drug and non-drug users - Genoa | | | | | | | | |
|---|--------------|----|-----------|----|--------------|----|-----------|----|
| | Users | | | | Non-Users | | | |
| Tobacco use | 98 | | | | 50 | | | |
| | Occasionally | | Regularly | | Occasionally | | Regularly | |
| | M | F | M | F | M | F | M | F |
| Drank beer | 20 | 57 | 70 | 28 | 36 | 46 | 35 | 36 |
| Drank wine | 56 | 57 | 41 | 14 | 12 | 65 | 25 | 19 |
| Drank superalcohol | 58 | 42 | 29 | 29 | 36 | 61 | 10 | 8 |

Table 33 Source: Semboloni et al (2001)

where a higher percentage of female non-users drank occasionally or regularly. A number of other reports on drug use among young people have been published on the internet (Ser.T di Reggio Emilia, Morosetti and Franco [2002]). Morosetti and Franco report on a study of drug use amongst pupils in the Autonomous Province of Bolzano, using a stratified survey methodology for school, language and geographical area. 1,354 students were enrolled in the study, of whom 91 were less than 16 and 640 were aged 16 – 18. 514 students were over 18 and 109 did not provide information on their age. 65.5% frequented bars, 56.5% pubs and 34.3% discotheques with over 90% reporting the opportunity to meet friends, the atmosphere and the type of people in these settings as being motivation for going there. 34.9% went specifically to drink alcohol and 10.4% to use drugs. Over 70% of students had heard people talking about synthetic drugs. Interestingly, Italian speaking students were much more likely to have cannabis or cocaine using friends than were German speaking students. 80% of students said that they went to places where cannabis was used. A higher percentage (63.7%) of German speaking students frequented locations where ecstasy was used than the percentage of Italian speaking students (48.6%). 70% of all students considered the discotheque to be the place where ecstasy was used, followed by rave parties (50%). Cannabis had been offered to 58% of students and ecstasy to 27.1%. Italian speaking students were more likely to have been offered cannabis, cocaine, amphetamine or hallucinogens whilst German speaking students were more likely to have been offered ecstasy. The ease of obtaining drugs was noted with 95% reporting cannabis could be easily obtained and 85% that ecstasy was readily available. Even for heroin almost 50% of students said that this was easy to obtain. Of those who reported drug use, 80% of ecstasy users consumed it at the weekend with friends and 65% at the discotheque. Cannabis was used by 40% at the weekend, usually with friends but occasionally alone. Amphetamine use patterns were very similar to those for ecstasy although solo use was also reported. With LSD, whilst 63% reported weekend use, there was also use during the week and solo use at parties, concerts and in the discotheque. The Ser.T. di Reggio Emilia study was based on questionnaires which had been completed by young people who were willing to make themselves available during the Festival of Unity held in Reggio Emilia. The sample is not, therefore representative but is a useful indicator of use patterns. Of 257 questionnaires completed, 213 were valid for analysis. The age range was 15 – 27 with 22 people in the 15 – 17 age group. 9 of these had never used

| Percentage of students who have never used drugs | |
|--|-------------------|
| Heroin: | 96,1% of students |
| Cocaine: | 92,8% of students |
| Amphetamine: | 92,1% of students |
| Hallucinogens: | 88,6% of students |
| Ecstasy: | 88,8% of students |
| Cannabis: | 58,6% of students |

Source: Morosetti & Franco (2002)

almost 50% of students said that this was easy to obtain. Of those who reported drug use, 80% of ecstasy users consumed it at the weekend with friends and 65% at the discotheque. Cannabis was used by 40% at the weekend, usually with friends but occasionally alone. Amphetamine use patterns were very similar to those for ecstasy although solo use was also reported. With LSD, whilst 63% reported weekend use, there was also use during the week and solo use at parties, concerts and in the discotheque. The Ser.T. di Reggio Emilia study was based on questionnaires which had been completed by young people who were willing to make themselves available during the Festival of Unity held in Reggio Emilia. The sample is not, therefore representative but is a useful indicator of use patterns. Of 257 questionnaires completed, 213 were valid for analysis. The age range was 15 – 27 with 22 people in the 15 – 17 age group. 9 of these had never used

drugs and a further 4 said they had not used in the last month. The data is slightly uncertain, however, as 13 reported polydrug use in the last month, exceeding the total number of people reported in this age group. 4 people reported combined use of cannabis and alcohol and 4 use of cocaine.

The different studies appear to be consistent with the patterns of treatment demand in the different Regions. Although they are primarily concerned with experience of drug use and of drug availability, it would not be surprising for an area with high levels of occasional and more regular use of drugs to also have higher levels of treatment demand. It would be of some interest, therefore, to explore further the relationship between levels of casual use and levels of treatment demand. It might also be of interest to develop further data on perceptions of availability, actual availability and actual use of listed drugs.

2.1.3 Perceptions of risks

A number of studies have considered perceptions of risk related to the use of drugs. The most useful is the ESPAD Italia study because this provides data for three successive years and is, therefore, able to map changes in risk perception.

| Approval of use and Perceptions of Risk (%) | | | | 1999 | 2000 | 2001 |
|---|--|--|--|------|------|------|
| No disapproval of occasional cigarette smoking | | | | 78 | 76 | 78 |
| No disapproval of smoking 10 or more cigarettes a day | | | | 37 | 37 | 37 |
| No disapproval of having one or two drinks | | | | 75 | 74 | 79 |
| Disapprove of being drunk once a week | | | | 76 | 72 | 70 |
| No disapproval of being drunk once a week | | | | 18 | 20 | 23 |
| Perceives a risk in having 4 or 5 drinks each day | | | | 82 | 81 | 81 |
| Perceives no risk in having 5 or more drinks during the weekend | | | | 2.8 | 3.3 | 3.8 |
| Disapproves or occasional cannabis use | | | | 63 | 64 | 60 |
| Disapproves of regular cannabis use | | | | 84 | 82 | 79 |
| No disapproval of regular cannabis use | | | | 12 | 14 | 17 |
| No risk in smoking cannabis regularly | | | | 2.2 | 1.8 | 3.0 |

Table 34 Source: ESPAD Italia Study

Table 34 shows changing attitudes and perceptions of risk in the use of cigarettes, alcohol and cannabis. This data coincides with all the data which has indicated significantly changing behaviour amongst young people with respect to alcohol. Previous National Reports have noted that there were indications of changing patterns and the data presented here provides confirmation that such a change is occurring. The fall in disapproval for the occasional or regular use of cannabis also reflects data on actual use from the ESPAD study and from the other studies which have been reported.

A second section of the ESPAD Italia study looked specifically at approval of use and perceptions of risk related to the use of specific drugs on one or two occasions (Table 35).

| | Approval of use and Perceptions of risk related to drug use (%) | | | | | | | | | | | |
|-------------|--|------|------|------------|------|------|------------|------|------|---------|------|------|
| | Approve | | | Disapprove | | | Don't Know | | | No Risk | | |
| | 1999 | 2000 | 2001 | 1999 | 2000 | 2001 | 1999 | 2000 | 2001 | 1999 | 2000 | 2001 |
| LSD | 11 | 10 | 13 | 84 | 86 | 83 | 5 | 4 | 4 | 2 | 2 | 1 |
| Cocaine | 10 | 11 | 12 | 87 | 86 | 84 | 3 | 3 | 4 | 2 | 2 | 2 |
| Amphetamine | 10 | 10 | 11 | 85 | 86 | 84 | 5 | 4 | 5 | 3 | 2 | 2 |
| Ecstasy | 10 | 9 | 11 | 86 | 87 | 85 | 4 | 4 | 4 | 2 | 2 | 1 |
| Sedatives | 9 | 10 | 11 | 85 | 83 | 83 | 6 | 7 | 6 | - | - | - |
| Crack | 7 | 8 | 10 | 89 | 88 | 85 | 4 | 4 | 5 | 2 | 2 | 2 |
| Heroin | 6 | 7 | 9 | 90 | 89 | 87 | 4 | 4 | 4 | - | - | - |

Table 35 Source: OI DT

It is significant that there was little change between 1999 and 2000, and there was for several drugs a higher percentage disapproving of use. However, in 2001 the percentage of people approving of use increased, matched by a decrease in the percentage disapproving of use. This change occurred despite the fact that even fewer people felt that there was no risk attached to drug use.

Ranieri et al (2001) included one question in their Arezzo study on the perception of risk arising from use of ecstasy, cocaine or LSD. Three possible responses to the question "In your opinion is/are ecstasy, cocaine, LSD dangerous" were offered – yes, much less than other drugs, not really. Whilst all three drugs were considered dangerous, cocaine was clearly perceived as the most dangerous with 83% answering yes without qualification. 73.8% considered ecstasy dangerous without qualification whilst the equivalent percentage for LSD was 64.9%. However, the percentage perceiving LSD or ecstasy to be much less dangerous than other drugs was almost equal at about 21% whilst only around 10% considered cocaine to be much less dangerous. Morosetti and Franco (2002) included a number of questions concerned with perceptions. The first sought perceptions of what constituted a drug. Ecstasy and LSD were considered drugs by over 90%. There were, however substantial differences between the views of German and Italian students on whether cannabis, amphetamine, alcohol or tobacco should be considered drugs. German speaking students were much more likely to consider alcohol, tobacco and cannabis to be drugs than were Italian speaking students. By comparison, Italian speaking students were more likely to

| Opinions on the reasons for drug use and knowledge of the effects | |
|--|---|
| Reasons for Drug Use | |
| Amphetamine | to improve appearance (35%), to relax (11.8%) |
| Ecstasy | for enjoyment (37.6%), it's the style (26.1%) |
| Hallucinogens | to forget problems (15.2%), curiosity (14.5%), to enjoy themselves better (14.3%) |
| Cannabis | to relax (25.1%), because others do it (12.4%) |
| Heroin | dependency (40%), to forget problems (32.1%) |
| Cocaine | dependency (27%), to forget problems (22.4%) |
| Knowledge of Effects | |
| Amphetamine | 80% said they did not know the effects |
| Ecstasy | 61% said they knew the effects |
| Cannabis | 53.7% said they knew the effects |
| Heroin | 78% said they did not know the effects |
| Cocaine | 78% said they did not know the effects |

consider amphetamine as a drug than were German speaking students. The box shows opinions on why drugs were used and knowledge of their effects. The data on knowledge should be qualified because this seems to reflect relative availability and experience, not information coming from expert sources. There were also questions on perceptions of danger arising from drug use and on the types of harm which might result. Cannabis was clearly perceived as the least harmful substance, followed by amphetamine, whilst heroin and cocaine were clearly perceived as the most dangerous substances. In terms of the specific dangers, over 55% of students considered that use of heroin, cocaine or ecstasy provoked both physical and psychological harm. Around 45% of students thought amphetamines and hallucinogens would provoke physical and psychological harm and 16% of students attributed physical harm as a consequence of amphetamine use. Perceptions of risk from cannabis use are, however, significantly different. 5% of students perceive no risk whilst around 22% perceive a risk of psychological harm and just under 40% a risk of both physical and psychological harm. A finding which was of particular relevance to the question of risk was how important people thought it was to know what they were taking. For 17% of cannabis users this was considered unimportant and for 39%, whilst it was preferable to know, it would not stop them from

using what they thought was cannabis. For amphetamine, ecstasy and LSD users, 30% were not interested in knowing and 40% would use the substance although it would be preferable to know the contents. The only research on tablet content which has been published in Italy (Macchia and Gianotti 2000) found that the purity of tablets sold as ecstasy varied between 10% and 50% with an average purity of 30%. Only in very rare cases was the purity level in excess of 50%. The actual content of tablets included cocaine alone, ketamine alone, methamphetamine plus amphetamine, caffeine alone, caffeine plus paracetamol, and heroin plus paracetamol plus cocaine plus caffeine. A lack of concern for or disinterest in the content of tablets which they intended to use does, therefore, represent a very real risk to health.

2.1.4 *Trends in recent years*

The earlier sections have already discussed some of the trends in recent years. The most noticeable trend is the changing pattern of alcohol consumption amongst young people with less disapproval of occasional drunkenness. Higher levels of consumption and use of alcohol in social and leisure settings unassociated with food consumption, which has been a traditional pattern of alcohol consumption within the country. There appear to be some geographical differences and differences in age groups. Of the 9.4% of respondents to the ESPAD Italia study who reported being drunk at least 10 times in the previous 12 months, 17 – 19 year old males were three times more likely to consider there to be no risk compared to 15 – 16 year olds. For young women there was only a small difference between the two age groups.

A second trend relates to cannabis use. There has been a gradual increase in the percentage of respondents to the ESPAD study reporting lifetime use but also a sharp rise in last 30 day prevalence between 2000 and 2001. 30 day prevalence appears to rise sharply from 16 onwards and to have increased in all comparable age groups between 2000 and 2001. This is in line with reduced disapproval of both occasional and regular use of cannabis and data from other sources seems to confirm the general trend.

Trends in the use of other drugs are less certain. The large ESPAD study indicates a reduced level of lifetime prevalence in the use of other drugs in general, but does note a small but important increase in the percentage of people reporting lifetime use of heroin other than by smoking and in use of drugs by injection. Local reports, both published and anecdotal, suggest a significant level of other drug use, including ecstasy, cocaine and LSD. There is a difference between youth population studies and data arising from work in specific settings. These differences seem to confirm a pattern of occasional use of a range of substances in recreational settings, producing relatively high prevalence rates for this population with much lower prevalence rates for the large general youth population.

The other noticeable trend has been the correlation between regular smoking and alcohol consumption with the likelihood of using other drugs. Whilst there appears to have been a reduction in the lifetime prevalence of alcohol use in combination with cannabis or pills, there is evidence emerging which suggests that those who drink excessively and who smoke heavily are also more likely to use drugs in combination.

2.1.5 *New / alternative information sources*

No data is available on alternative information sources. The development of internet resources for drug prevention and drug information has already been reported on and the data will not be repeated here.

2.2 Health and social consequences

2.2.1 Deaths and overdoses

Ferrari et al (2001) report that 18% of the 195 drug overdoses attended by the 118 Emergency Service in 1997 involved people under 22. In the study, some 531 drug related emergency service interventions were required in 1997. Over 60% of people were unknown to treatment services and, given that most overdoses occurred between Friday and Sunday, it was hypothesised that use was occasional rather than dependent. Unfortunately no age breakdown is available for the full 531 interventions and no other data is available on drug related hospital emergencies.

In 2001 there were no direct drug related deaths recorded for people 15 or under and there were 19 such deaths of people aged 15 – 19. Data from the Central Directorate for Anti-Drug Services (DCSA) of the Ministry of the Interior for 2001 makes a distinction between *all* drug related deaths and *drug dependent* drug related deaths. It is not clear what definition has been used for drug dependence, nevertheless, the data suggests that of the 19 deaths, 7 (36.8%) were of drug dependents. This at the least would suggest that 12 deaths in the 15 – 19 age group were of occasional or irregular drug users. The data also shows that none of those who died were previously known to the Police as offenders.

There is also information on the Region of residence and the Region where the death occurred. Table 36 shows the data for young people aged 15 – 17 who died as a direct result of drug use. The vast majority of deaths occurred in the Region of residence and most within the Province of residence, suggesting that the drugs were available locally or had been brought into the

| | Direct Drug-related deaths of 15 – 19 year olds by residence and location of death | | | |
|-------------|--|--------|-------------------|--------|
| | Residence | | Location of death | |
| | Male | Female | Male | Female |
| Piemonte | 1 | | 1 | 1 |
| Lombardia | 1 | | | |
| Veneto | 3 | 2 | 3 | 2 |
| Friuli V.G. | 1 | | 1 | |
| Liguria | 1 | | 1 | |
| Umbria | | 1 | 1 | 1 |
| Marche | | | 1 | |
| Lazio | | 1 | | 1 |
| Campania | 4 | 1 | 3 | |
| Puglia | 2 | | 2 | |
| Sicilia | 1 | | 1 | |
| TOTAL | 14 | 5 | 14 | 5 |

Table 36

Source: Ministrv of Interior

Province, rather than that the person had gone to another area to use drugs.

Data on direct drug related deaths from 1993 shows that in 1994, 3.2% of all such deaths were accounted for by people in the 15 – 19 age group and that there was then a steady reduction in the percentage to 1.9% of all deaths in 1999. However, there was a sharp increase in 2000 to 2.7% of all deaths and in 2001 15 – 19 year olds accounted for 2.3% of all direct drug related deaths. The percentage of deaths accounted for by the 20 – 34 age group has fallen and that accounted for by those 35 or older has increased by almost 150% between 1993 and 2001. This seems to suggest that deaths in the older age group arises from the accumulated health problems associated with long term injecting drug use whilst the deaths in the under 20 age group are related to experimentation and inexperience.

2.2.2 Hospital emergencies

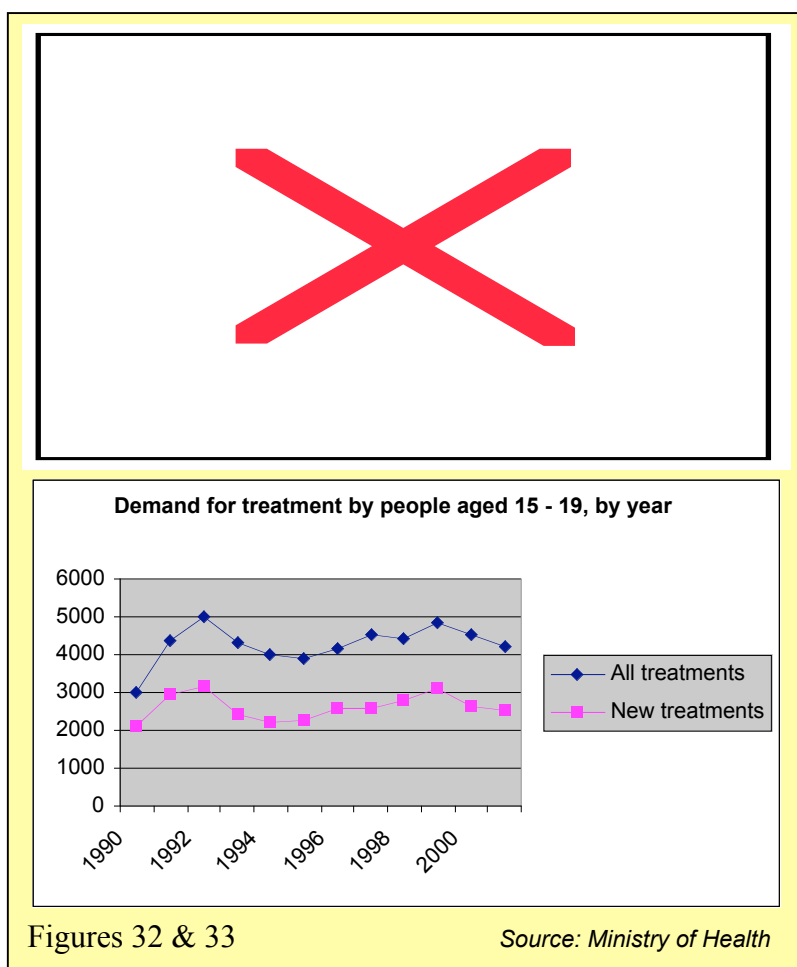
There is no national data available on drug-related hospital emergencies involving young people in the 12 – 18 age range and no reports have been published providing data on this specific age range other than that by Ferrari et al.

2.2.3 *Driving accidents*

There is limited data available on this topic, although a number of projects have been focussed on work with driving schools or prevention campaigns aimed at young drivers. Morosetti and Franco (2002) report that 23% of male students and 10% of female students reported having driven a motorbike or car under the influence of alcohol or drugs or a combination of them. There was a significant difference between the behaviour of the Italian speaking and German speaking students with 20.9% of the former and only 13.6% of the latter reporting such behaviour. No other age specific data on the relationship between drug or alcohol use and driving is currently available.

2.2.4 *Demand for treatment*

Figures 32 and 33 show the demand for treatment from those under 15 and from those in the 15 – 19 age group. There is no very clear pattern to emerge from the data, with a slight upward trend over time in the under 15 age group and a relatively stable level of demand from the 15 – 19 age group. When the data is examined for the percentage of all and new treatment demands by age group the under 15 age group represents 0.1% of all treatment demands and 0.2% of new treatment demands while the equivalent figures for the 15 – 19 age group are 2.8% and 7.6%. Between 1990 and 2001 all treatment demand from those under 15 only exceeded 0.1% on one occasion in 1999 when it was 0.11% of all demand for treatment. Over the same period, new treatment demand from under 15s has remained consistent at 0.2% of all new treatment demands, the exception again being 1999 when it was 0.25% of new treatment demand. For those in the 15 – 19 age group there has been a steady reduction in the percentage of all treatment demand coming from this age group, with a more variable pattern in terms of new treatment demand (Fig. 34). The data suggests that those in the younger age group who attend for treatment have less entrenched problems and are in treatment for a relatively short time. However, some caution must be attached to this analysis. It is not possible to analyse primary drug use by



age group, but it is possible that the younger age groups have a higher percent of those with non-opiate primary use. It is also not clear what proportion of this population completes the treatment programme provided and what proportion leaves prematurely. If there is a high

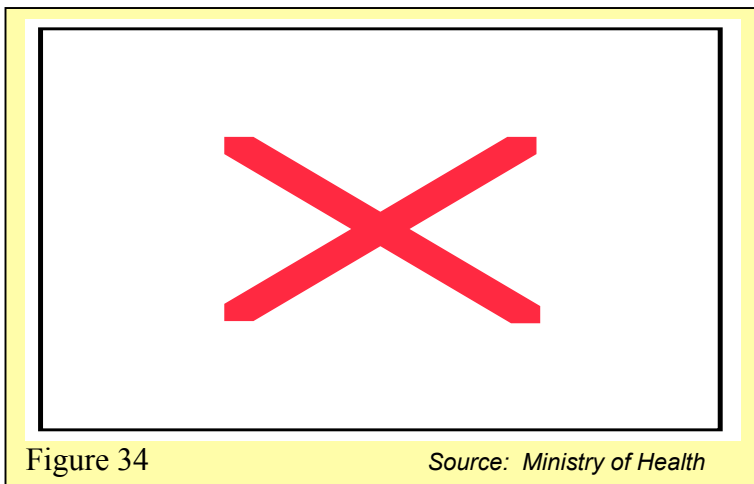


Figure 34

Source: Ministry of Health

drop-out rate it could result in a later return to treatment with a more entrenched drug problem.

Data from the Juvenile Justice Service provides some fuller data on drug using young offenders. Of 1,116 offenders identified as drug users, 100 were assessed as drug dependent. Tables 37 and 38 show type of use and

| Drug using young offenders by drug used and type of use - 2001 | | | | | |
|---|--------------------|-------------|----------------|-----------|--------------|
| Substance used | Type of Use | | | | TOTAL |
| | Occasional use | Regular use | Drug dependent | Not known | |
| Cannabis | 414 | 355 | 7 | 6 | 782 |
| Opiates | 24 | 48 | 65 | 1 | 138 |
| Cocaina | 45 | 51 | 12 | - | 108 |
| Stimulants | 7 | 4 | - | - | 11 |
| Other (inc. alcohol) | 28 | 27 | 6 | - | 61 |
| Not known | 1 | 5 | 10 | - | 16 |
| TOTAL | 519 | 490 | 100 | 7 | 1,116 |

Table 37 Source: Ministry of Justice

| Drug using offenders by drug used and type of treatment - 2001 | | | | | |
|---|--------------------|------------------|----------------|------------|--------------|
| Substance used | Type of Use | | | | TOTAL |
| | Psychol+ Support | Psychol + Pharma | Pharmaceutical | Not known | |
| Cannabis | 482 | 636 | 1 | 293 | 782 |
| Opiates | 63 | 41 | 3 | 31 | 138 |
| Cocaina | 64 | 7 | - | 37 | 108 |
| Stimulants | 8 | 1 | - | 2 | 11 |
| Other (inc. alcohol) | 42 | 4 | - | 15 | 61 |
| Not known | 8 | 4 | - | 4 | 16 |
| TOTAL | 667 | 63 | 4 | 382 | 1,116 |

Table 38 Source: Ministry of Justice

type of intervention by drug. The high number of “not specified” interventions suggests that these related to occasional users where specific interventions were not required. By contrast, the number of pharmacological or pharmacological plus psychological interventions are likely to represent clear treatment need. The broad category of “psychological and support” interventions does not allow for an assessment of the intensity of the intervention required, but it is likely that a proportion of those included in this group required a more sustained intervention.

2.3 Demand and harm reduction responses

Very few demand reduction responses are age specific in that they target a population age group. Rather, they are situation specific seeking to reach populations in particular settings. Thus, school based prevention programmes are clearly focused on the school age population, but community prevention programmes or secondary prevention initiatives include a wide population range which may include the reference age group. The descriptions which follow, therefore, refer to responses aimed at the youth population rather than at the 12 – 18 age group in particular.

2.3.1 Prevention programmes and campaigns

As has been noted, only a limited number of prevention programmes are targeted specifically at the 12 – 18 age group. These are primarily school based designed for lower and upper secondary school pupils. Relatively few reports have been published about prevention programmes and much of the data has been obtained through a review of the drug-related web sites available in Italy.

Following the changes previously reported which led to the creation of Departments for Dependence, prevention became part of their remit. As part of this extended responsibility many developed drug prevention strategies and programmes, including the school age population in their target groups. For example, the Milan local health authority has published its model for specific drugs prevention on its [web site](#) along with data about the range of its prevention activities. The model promoted is one which can also be found in many other localities, namely that of the Department acting as the resource centre in the development and support of prevention work in a range of settings – the *prevention multiplication model*. The range of organisations and individuals who are engaged in prevention activities include schools (both lower and upper secondary schools), scout groups, driving schools, church recreation centres and evening/night recreation centres. For all of these areas the Department providing training for adult leaders, continuing support and developed materials aimed at the target audience.

Another example is the Department for adolescent problems, deviancy and dependencies of the Frosinone (Lazio) local health authority which has also produced a prevention strategy available through its [web site](#). The area which the Department is responsible for has allowed it to construct a prevention strategy which covers the whole process of development through adolescence, including the ‘normal growing pains’ as well as deviant behaviour and drug use. Its prevention strategy is designed, therefore, to provide training, support and interventions for adult leaders and to facilitate autonomy and awareness amongst young people. The methods involved include the training of peer group

leaders in drug prevention, direct interventions in classes which have specific problems, information models and specific teaching models such as “Drugs aren’t sweets”. The group and class models are supported by individual information, advice and counselling sessions provided by the centres for information and advice (CIC). Table 39 shows the range of prevention activities undertaken by the Department during the 1998/99 and

| Demand reduction activities 1998-2000 | | |
|--|-------------|-------------|
| | 98-99 | 99-00 |
| The body as a mirror | | 223 |
| Drugs aren't sweets | | 1613 |
| Referral to other services | 126 | 41 |
| Research | 1389 | 1389 |
| Student service | 2219 | 1833 |
| Course for tutors | | 1500 |
| Other | 685 | 43 |
| Total | 4419 | 6642 |

Table 39 Source: D3D, ASL Frosinone

1999/2000 scholastic years. All these activities were targeted at the school age population or at those with direct involvement with this population.

Another example of a prevention programme aimed at the youth population was undertaken by the Office for Drug Dependence of the Commune of Milan. The project was undertaken in collaboration with TELE+ and involved the production of several short films based on scenarios proposed by students from several upper secondary schools. Several private social organisations were involved in working with students to develop scenarios and three films were produced: "Quando si chiudono gli occhi", "Baby" and "I Fiori Blu". The films were shown at the 18th Turin Film Festival and "Quando si chiudono gli occhi" was also shown in the short film section of the 57th Venice Film Festival. The idea of the project was to provoke young people to communicate their perceptions of drug dependence through the medium of film and at the same time to introduce them to cinematic language and techniques so that they could themselves become protagonists for prevention. In Rome, Gruppo Magliana 80 has undertaken school based prevention work with some of the Rome upper secondary schools. The results of this work are reported on their [web site](#) although the period covered by the work is not given. The focus of the prevention programme was new drugs, and ecstasy in particular. The aim of the prevention programme was to inform about drugs, to stimulate the capacity to reflect on drug use and behaviours which might lead to dependence and to build awareness of adolescent problems and of alternative ways of dealing with them. A pre and post programme questionnaire was used to evaluate changes in knowledge and awareness. This showed marked improvements in both as a result of the programme. There was no further follow-up and it is not possible to say if these improvements were sustained or if they had an impact on subsequent behaviour.

There are many other examples of prevention projects. The ones which have been referred to here are intended to offer a representative sample of the types of approach which are being taken by different actors and the collaboration which has developed at the local level to provide integrated prevention programmes.

2.3.2 *Specific harm reduction interventions*

In general the focus of demand reduction interventions for the 12 – 18 age group is on primary prevention of drug use. For those in compulsory schooling all the evidence suggests that any drug use which occurs normally involves tobacco and alcohol and for a small percentage, the possible use of cannabis and/or solvents. Primary prevention interventions are, therefore, more appropriate. However, there is a significant increase in use of drugs in the 16 – 18 age group which may involve both students and those entering the world of work. Primary prevention campaigns, such as the national drugs prevention campaign which has been described earlier, or local campaigns at summer festivals, open air concerts and the like aim to focus on non-drug use or alternatives to drug use. At the local level longer term projects aimed at youth leisure settings combine both primary and secondary prevention activities and low-key "harm reduction" interventions. These kinds of interventions are in general aimed at providing information and reducing the likelihood of drug use in more dangerous ways, such as in combination with alcohol or other drugs, or of driving under the influence of alcohol or drugs.

Caslboni and Saponaro (2001) report on the evaluation of a prevention project in the discotheques of Rimini using information technology tools. The means chosen to convey the message (drugs, safe sex, first aid and health problems) consisted of an information booklet and a computer with specific software containing scientific material normally presented in hard

copy, but presented using the interactive language of videogames and internet sites. In one month alone, the computers were consulted to obtain in-depth information on 4,184 questions, of which 65.3% concerned drugs. The most consulted chart regarded ecstasy (27.4%), followed by hashish (21.8%), amphetamines – cocaine (16.2%), alcohol (13%) and hallucinogens. From the patterns of questions in different discotheques it was possible to observe significant difference between attendees at individual locations and begin to create a profile of attendees so that prevention and low key harm reduction actions could be more precisely targeted. For instance, in one disco questions on ecstasy accounted for almost 50% of demands whilst in others questions on cannabis predominated.

In Modena the “Informabus” has been operating since 1992 aimed at reaching informal groups of young people in the city. These groups were predominantly made up of young people and adolescents and included both occasional and more regular drug users and people using a range of different drugs. The project has aimed to develop the group as a protective tool against initiation into or continued drug use, but has also developed low key harm reduction approaches in co-operation with other social and health services aimed at specific groups requiring more focused attention, such as those engaged in more regular or more harmful types of drug use or those involved in low level criminal behaviour. The project has used a range of mechanisms for reaching the target population, including TV advertising, exhibitions, videos, newsletters as well as direct contact with the population.

In Rome, Gruppo Magliana 80 has a street unit to undertake specific prevention and low key harm limitation programmes, whose work is described on the [web site](#). The general objective is to work with adolescents and groups of adolescents to reduce the likelihood of them assuming high risk behaviours and to provide information both through leaflets and gadgets and directly from outreach workers. Some 11,491 young people are reported to have been contacted, but no time period is given. Of those contacted, 48.7% used drugs and of these 72.4% were in the 15 - 20 age group. There were no contacts with young people under the age of 15. Ecstasy was used by 18% of contacts, but commonly in association with cannabis or alcohol use. The project made contacts in a range of settings, pubs, discotheques, the street, etc. Through a careful building of relations with young people it was possible to talk intimately about both sexual relations and drug use. Although information is not available on the details of the activities, the statistical data suggests that strong and effective links with young people were built through this work

There are similar types of intervention in many towns and cities around Italy, although they are not, as has already been noted, specific for a designated age group. The street units (Unità di Strada) of the local health authorities in co-operation with private socio-rehabilitative services provide outreach work aimed at contacting both those at risk to drug use and drug problems and those with drug problems but not engaged in a therapeutic programme. As an example, the street units operated by the Frosinone health authority have a specific focus on young people and work in close collaboration with the Centres for Information and Counselling as well as private organisations to provide a network capable of offering the appropriate intervention for a young person. The aim is to prevent progress into regular drug use, to limit harm and propose treatment for those who do use drugs and to provide alternative opportunities for activity and social engagement.

2.3.3 *Other demand reduction responses*

No information is available on other targeted demand reduction interventions for this population. Treatment and rehabilitation interventions are available

from the Ser.T. and from private socio-rehabilitative services. The data from the Ser.T. has already been reported and cannot at present provide information about interventions on the basis of age. There is no data readily available from the rehabilitation services about their client population. Where data is available, such as from the Centro di Solidarietà di Reggio Emilia (CeIS Reggio Emilia, 2002) this shows that only 1% of all clients were in the 16 – 19 age group and there has been a reduction from 3.8% of all clients in 1999.

2.4 Methodological information

2.4.1 *Limits to data available*

The major limits relate to the availability of data which is age specific in terms of either the general or the student population. Most studies and reports refer to either student populations in the lower and upper secondary schools and universities or other institutes of higher education, or to young people gathering at specific locations. In both instances the target age group is between a minimum of 12 and a maximum of 30. Moreover, many reports do not specify any age range but refer to young people attending particular locations.

There is a shortage of qualitative reports on specific interventions or projects, although there are many descriptive accounts of projects on web sites operated by Italian organisations. These sites may not be updated with any frequency and it is not clear whether the projects described are current, recent or no longer operational.

There is some increased availability of epidemiological and research data on this population but, with the exception of the ESPAD Italia study and the data from the Juvenile Justice Service, there is no continuity of data collection, providing no reference point from which to assess changes or developments.

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3 Social Exclusion and Re-integration

3.1 Definitions and concepts

There is no common definition of social exclusion in Italy (Leone, 2001) and different structures and individuals operate to different definitions. Broadly, there is a view of social exclusion as conditions which together lead towards marginalisation. Although the precise nature of these conditions is not commonly agreed, they appear to include economic, social, policy and legislative levels. It is perhaps easier to refer to the groups of people who tend to be viewed as socially excluded rather than select a single definition. People who have been long-term unemployed, immigrants without residency or permission to stay, Romany people, those with severe dependency problems, prisoners and ex-prisoners and people without stable accommodation are most commonly included as marginalised or socially excluded.

Drug use or dependency does not necessarily equate with social exclusion. Rather, it is where a combination of circumstances usually associated with chronic dependency, such as long-term unemployment, insecure accommodation and a current or recent prison sentence, that marginalisation seems to occur. In other situations where a dependent person is able to return to his or her previous

employment or to education on completion of treatment, the legislative framework in Italy is designed to limit the likelihood of marginalisation.

3.2 Drug use patterns and consequences among socially excluded populations

3.2.1 Prevalence of drug use and problematic drug use

There is very little data or research on drug use amongst specific socially excluded populations. The data which is available is in itself limited because it most commonly refers to the population in treatment. Other data refers to specific populations such as prisoners/young offenders, but it cannot be assumed that these are necessarily socially excluded people. There is no known study concerned with drug use in, for instance, immigrant or nomadic populations, nor amongst people who have been unemployed for a long time or who minimal education.

Of drug using young offenders, 23.8% were non-Italians, with the largest single geographical group being those from N. Africa. There is no data on residency status, nor on other socio-demographic data which might be an indication of social exclusion. There are reports of drug use amongst immigrants from Eastern and Central European countries and Russia, but no data has been published and there is no data on drug use amongst the Albanian population, the largest immigrant group in Italy.

Data on adult prisoners show that 29.1% of all new prison admissions in 2001 were assessed as drug dependent. Of these, 21.3% were Italian and 7.8% were non-Italian. The percentage of all new prison admissions assessed as drug dependent has remained relatively stable over recent years, but with a decrease in Italian new admissions and an increase in non-Italian new admissions.

The dearth of data on drug use in socially excluded populations makes it impossible to provide any analysis of the situation within Italy at the present time.

3.2.2 Patterns of use

For the reasons given above, it is not possible to provide any adequate data on patterns of drug use amongst specific socially excluded populations.

3.3 Relationship between social exclusion and drug use

3.3.1 Indicators of social exclusion

The data available from the three Regions piloting the Treatment Demand Indicator standard tables offers some information for 2000. The data for 2001 was not available at the time of writing the report. Table 40 shows data which could be indicative of social exclusion for clients of the Ser.T. From this, the data suggests that problematic drug users are more likely to experience social exclusion than the general population. Data from ISTAT shows that in 1999, the unemployment rate in the population aged 15

– 64 was 11.6% compared to the 21.1% recorded for drug users attending the Ser.T. in the three reporting Regions. Data was not available for 17.3%

| Percentage of clients of the Ser.T. by social exclusion indicator | | | |
|---|---------------------|---------------------|---------------------|
| | Male | Female | Total |
| Unstable accommodation | 28.9 ^[1] | 17.3 ^[1] | 17.8 ^[2] |
| Institutions | 47.2 ^[1] | 39.1 ^[1] | 30.4 ^[2] |
| Unemployed ^[2] | 20.4 | 25.0 | 21.1 |
| Primary education or less ^[2] | 17.2 | 14.9 | 16.9 |

Table 40 Source: Ministry of Health

[1] Percentage of cases where the data was known (76.5%)

[2] Percentage of all cases, including those where data was not known

of the 18,787 clients but it is likely that a proportion of these would also be unemployed. Unemployment of males in the general population was 8.9% and of females 15.8%, in both instances unemployment amongst drug users was higher. The reported unemployment rates for 2000 and 2001 were 10.6% and 9.5% of the total labour force. Data from Emilia-Romagna provides slightly more specific information for 2000 (Table 41). What is particularly surprising is the difference between educational levels attained. However, this might be explained by the substantial differences in educational level attained by area of Italy. According to ISTAT data elaborated by Eurispes, the unemployment rate was 16.8% of those in the 25 – 34 age group who only completed elementary school or had no schooling. For the north east area, the figure was 5.8% whilst it was 35.6% for the southern and island regions. On this basis there does seem to be a correlation between educational levels obtained, levels of unemployment and levels of drug use. Other data from Emilia-Romagna, arising from a project on the use of new drugs shows that of 122 clients, 36% were unemployed and 10% in occasional or irregular employment. 4.1% had not progressed beyond elementary school and 68.9% had completed lower secondary school. There is no other regularly collected data currently available on social exclusion and drug use.

Indicators of social exclusion amongst new clients of the Ser.T. – 2000

| | Em-Rom | TDI Data |
|---------------------------|--------------------|----------|
| Unstable accommodation | 5.2 ^[1] | 17.8 |
| Unemployed | 17.0 | 22.4 |
| Occasional employment | 3.6 | |
| Primary education or less | 7.4 | 26.5 |

Table 41 Sources: Ministry of Health and Emilia-Romagna Region

[1] Data only refer to clients who were

3.3.2 Data from research on social exclusion

There is no known recent research on the relationship between drug use and social exclusion. Nor has it been possible to identify research on social exclusion which includes drug use as a possible factor in or consequence of social exclusion.

3.4 Political issues and re-integration programmes

3.4.1 Policies on social exclusion and their implications

Within Italy there has been a strong focus on avoiding social exclusion and promoting social inclusion. To this end, both national resources and resources available from European Commission programmes have been used. The General Directorate for Employment of the Ministry of Labour published a document on the insertion of current and former drug dependents into employment (Lavoro, 2000) which examines the situation as it was known in the mid 1990s, the policies aimed at promoting employment and re-integration and ways in which these might be furthered. The document notes the importance of employment as a means of allowing the drug user to keep contact with 'normal' social behaviours, and that unemployment prolongs the time an individual remains drug dependent. Above all, it noted that poor educational attainments and vocational training resulted in low level occupations or unemployment and tackling these elements, along with re-insertion into work, was fundamental to achieving full rehabilitation and personal autonomy.

The National Drugs Conference held in Genoa in November 2000 had a section specifically dedicated to the return to employment and social life. From this session a number of proposals emerged calling for changes or improvements. Amongst these proposals were:

- the development of guidelines to encourage Regional and local authorities to implement fully the section of the Agreement between the State, the Regions and the Autonomous Provinces of 1999 concerned with training programmes to aid a return to employment
- to promote a system for return to employment which is diversified and recognises degrees of disadvantage
- the need to increase the participation of social co-operatives and businesses which employ disadvantaged people as providers of services to local public bodies
- an amendment to the legislation to include drug dependents in the category of disadvantaged people, allowing them to benefit from privileged access to employment in category B social enterprises.

The National Drugs Plan has proposed that this amendment should be made as soon as possible and has included promotion of increased activity on vocational training and the return to work as one of its key action areas. The General Directorate for Employment of the Ministry of Welfare has included:

- planning and co-ordination at both central and regional levels to ensure that the Employment Service is actively involved in re-insertion projects for drug users
- the development of activities to bring together the activities of the Employment Service, the public and private drug treatment services, the system of social co-operatives, trade unions and businesses to promote insertion and re-insertion programmes
- in relation to the problems of dependence, the promotion and orientation of policies for employment and placement and their integration in the strategic plan for the development of employment services, with the aim a new accord between the State, the Regions and the Autonomous Provinces

With the objective of avoiding social exclusion and encouraging an employed person with a drug problem to seek treatment, arrangements are in place which allow an employee to be guaranteed return to work on completion of treatment. The arrangements are:

- Where an employee is confirmed as drug dependent, and enters a therapeutic programme, his/her return to work is guaranteed for a maximum period of three years from ceasing work to the completion of treatment (or longer if their contract permits).
- Confirmation of drug dependence must be provided by a public health service, defined in the circular as the Ser.T
- The treatment programme may be provided in separate blocks, if this is appropriate, provided that the absence from work does not exceed 3 years.
- The law on maintenance of employment for drug dependents is thus designed to aid re-insertion and is more favourable than that relating to maintenance of employment for employees who are ill or who have had an accident. In 1984, the National Institute of Social Security decided that Law 833 of 1978 (indemnity for illness) also applied to illness as a result of drug dependence. In combination with the special contractual arrangements described above, this provides a wide range of options for treating drug dependents in employment.
- All the collective contracts which were examined took into account the requirements of the law concerning maintenance of employment, although the majority simply applied the letter of the law.

There is limited data available on the operation of these arrangements in practice and there is no current data. However, the Ministry of Welfare has a project – Dal Welfare al Work Fare - submitted for funding through the National Drugs Fund and aimed at developing improved instruments for

achieving a return to work of disadvantaged people and at providing more adequate monitoring and evaluation systems.

3.4.2 *Re-integration focused treatment*

There is a substantial focus within therapeutic treatment programmes on assistance towards a return to employment. This definition is important because there has been an increase in the attention paid to education and vocational training in recognition of the relatively low educational levels found in the drug dependent population.

Lavoro (2000) reports on research undertaken by ISFOL to examine re-integration into work activities undertaken by specialist drug services. 39 services (17 Ser.T, 13 first intervention centres and 9 therapeutic communities) were involved. This offered a reasonable sample although slightly more weighted towards the Ser.T., (with lower involvement) than towards the therapeutic communities (with a significant focus on this area). 90% of the respondents indicated that they had an active programme of support and social re-insertion, especially into employment, focused on clients who had been detoxified or were in the final phase of a residential programme. Between 1993 and 1997, 2,122 people (1,697 male, 425 female) were assisted and the annual number assisted has risen each year, almost doubling between 1993 and 1997. Around 20% of people assisted were attending the Ser.T and around 80% first intervention centres and therapeutic communities. Almost one in three organisations stated that the activity was carried out within their own service and about the same number worked with social co-operatives of type B, private firms, local producers (mainly in handicrafts, commerce, building and nursery gardens) and local authorities. There was a clear synergy between the services and the external world in the realisation of these programmes. The plans were often developed with external support for activities conducted within the service. A second element was providing training to clients to assist them develop skills which would be of value in obtaining employment. In 44% of cases the training was conducted by the service itself with the support of external organisations such as professional training centres, local authorities and local firms. In 24% of cases the services were largely self-sufficient and in 32% of cases the services were entirely dependent upon external organisations. In terms of the employment available, in 72% of cases it was with organisations employing up to 20 people, and in 18% of cases with organisations employing 20 to 200 people. In no instance was employment found with an organisation employing more than 200 people. The most common employment settings were social co-operatives, followed by handicraft firms and private firms. In 28% of cases, the contract offered was time-limited for between 3 and 12 months. In 23% of cases it was a trainee contract for 6 - 12 months and only in 8% of cases was a permanent contract offered. Surprisingly, the opportunity to use part-time and flexible time working was scarcely used. There was also, in around one quarter of the firms, a lack of planning and practical understanding of the particular needs of those employees who had had drug problems. In 74% of cases, a member of staff of the drug service acted as a mediator to support re-entry into employment. In some services, a social worker followed individual clients. The role of the mediator was largely psycho-social tutoring (support, advice, strengthening of motivation), orientation to work, support in searching for employment, etc. Around 35% of clients relapsed, around 15% were absentees from work and around 10% were considered insufficiently productive.

A second part of the research considered prevention and early intervention activities in the workplace aimed at avoiding the development of drug problems and the possibility of social exclusion. In the survey, of the 39 organisations, 16 (41%) had undertaken some form of prevention activity within the workplace. This commonly involved lectures and the provision of information. Other activities which some carried out included: health

education courses; meetings with the trade union representatives; training of the executive committee of the trade union; training courses on primary prevention for vocational trainers and; small groups on the theme of interpersonal relations. Between 1993 and 1997 almost 5,000 people were involved in these programmes, the majority of whom were male (3,208). The trend was for an increasing number of people to be involved each year. In the same period, the services which responded indicated that they had contact with 5,606 workers, 4,660 (82%) of whom were male. The number of male workers in contact with services increased annually throughout the period. The number of female workers moved up and down but peaked in 1997. The majority of contacts were with the Ser.T (91.7%) but for all services there was an annual increase in the number of contacts. In most cases the assistance to and/or rehabilitation of employees was provided for between one and three years. Some programmes were available developed specifically for the workplace which lasted for a maximum of six months.

Virtually all therapeutic programmes for drug users offer activities designed to assist the development of skills and entry into the labour market. Residential and semi-residential services use structured work programmes to develop work habits which have been lost in the course of problematic drug use. Many also have specific skill training as part of the every day programme. These range from building maintenance through to the production of olive oil, wine, cured meats, etc. A more recent development has been increased commercialisation of the activities. A project coordinated by CeIS of Rome "*Artigianato e Marketing nel sociale*" (Arzu, 2001) and involving a number of therapeutic programmes from different Italian Regions explored the development of commercial competences within the social sector. The organisations involved produced ceramics, furniture, household goods, foodstuffs, etc. and were starting to provide products to a limited number of commercial outlets. This process facilitated a much greater understanding of the different components which make up a commercial operation and allowed clients to begin to develop commercial and entrepreneurial competences.

Many socio-rehabilitative organisations have different structures designed for specific purposes. In particular, within Italy there are two types of co-operative organisation – Type A and Type B. Type A organisations are essentially providers of services to people with specific problems. Many therapeutic communities are of this type. Type B organisations are social co-operatives. These are in essence not for profit organisations which include a significant number of socially disadvantaged people within their trainees/ work force and operate in the ambit of the commercial sector. Many of the larger organisations providing rehabilitation services have both Type A and Type B structures, which allow them to provide vocational training and employment to drug users and ex-users.

Because this approach to re-integration is so widespread within Italy, it is invidious to offer specific examples. However, three entries from Italy in the EDDRA data base are illustrative of the approaches which are taken.

"*Therapeutic work placements of drug dependents in treatment with the Drug Dependency Services*" is a service developed by the Ser.T. of Empoli and Fucecchio (Tuscany). Its focus was long term unemployed drug users who were provided with therapeutic work placements in a range of settings – public services, local authorities and private workshops. Tutors accompanied the clients, assisting them to choose their placement and then providing support during its activation. Of the 42 placements undertaken in 1999 – 2000, 9 resulted in regular employment, 5 were assessed as having achieved their objective, 5 were interrupted and 23 were in progress at the end of the period. 41 people remained drug free and committed no offence and 39 established a normal work pattern. There was also improved social

functioning with both the family and work colleagues. *EDIT (Editing and Digital Imaging)*, also carried out in Tuscany, aimed to create technicians in the area of digital assembly and lay out. It was a vocational training course for a new professional function in the information technology age with the aim of placing people into the labour market. Clients were from the Ser.T. of Florence and were involved in an intensive training course. *Euridice: Ideas and Proposals for Intervention on Drug Addiction in the Workplace* is a prevention project operated in the workplace aimed at preventing drug dependence and social exclusion. This involved research on perceptions of the problem, information and awareness campaigns, continued training and counselling for targeted groups, evaluation and dissemination.

3.4.3 Specific re-integration programmes

As has been noted above, most therapeutic treatment programmes, whether residential or semi-residential, have a specific phase which is concerned with the re-integration of clients following treatment. This section will concentrate, therefore, on specific projects for re-integration which have been carried out by specialist drug services. A difficulty which exists for many services has been that regular funding has not been available for the transition period from a therapeutic programme into a work oriented system with social support. Project funding has, therefore, been an important means of financing re-integration programmes. The National Drugs Fund and a range of European Commission programmes have been utilised, including Integra, Adapt, Leonardo da Vinci, Equal and the European Social Fund.

Turrini (1999) has reported on the Integra programme within Italy for the period 1997 – 1999. Of 214 approved projects, 25.7% had drug users and former drug users as their target population. A further 18.2% were for prisoners and ex-prisoners and would almost certainly have included some current or former drug users. There were projects which included drug and ex-drug users in the target group in 16 Regions and 1 Autonomous Province, with

| | Average | Minimum | Maximum |
|------------------------|----------|----------|------------|
| No. drug users | 207.1 | 2 | 5,000 |
| No. change agents | 41.6 | 3 | 320 |
| Duration (months) | 25.4 | 12 | 30 |
| Cost | €433,240 | €111,714 | €1,307,950 |
| Local Partners | 7 | 2 | 22 |
| International Partners | 3.3 | 2 | 8 |

Table 42 Source: Turrini (1999)

37% in the southern and island Regions, 7.4% in the central Regions, 22.2% in the north western Regions and 20.4% in the north eastern Regions. Table 40 provides some information on the range of the projects. However, the data provided by the project promoters was not always clear. For example, for some projects there was no information on the change agents. For many projects generic terms were used to describe local partners – local authorities, communes, employer associations, training bodies, etc. – leaving it unclear how many local partners there actually were. It is also the case that projects often had mixed target groups, with drug and ex-drug users as one group but not the only one. The projects were predominantly in Axis B and D of the Integra programme, concerned with vocational training (B) and information/communication on the programme target groups to support new initiatives (D). A common feature of the projects was the link between specialist drug services (public and private), public administrations,

social co-operatives, employers and trade unions. This linkage of all the key actors was seen as important both to engage the community and to tackle discriminatory or prejudiced behaviour.

There are many examples of projects aimed at avoiding exclusion, achieving social re-integration and a return to work but relatively little has been published about this work. Progetto Nuova Alice is a project designed to engage trade unions in actions which the community can promote to safeguard and improve the health of citizens. The project has built on previous experience in building a network within the world of work between the productive sector and the community aimed at overcoming dependence. The project has now concentrated on dissemination, awareness and training to build a network between different experiences and the more active involvement of the local community. It is operational in six areas in each of which a group of up to 10 representatives, co-ordinated by a trade union official, has been established for the education and security of workers. During the project, a series of training courses have been undertaken with the aim of further developing the competencies of the union representatives. The Commune of Genoa has developed "Progetto Pass", a course for former drug users aimed at creating a meeting point between the world of work and former drug users who have been long term unemployed or are seeking work for the first time. The Ser.T. is responsible for identifying participants who then have the opportunity to take part in a course aimed at increasing their autonomy and facilitating entry into work. As part of the process there are 6 month work placements, renewable at no cost to the hosting organisation. The placements are designed to provide training and there is no obligation for the host body to provide employment. Seven local associations and communities have been contracted to provide social re-insertion, along with the support available from the Ser.T. CeLS of Modena has undertaken a wide range of courses through its Programmi Serali Speciali. 115 people have taken part in one or more of 9 courses covering basic computer use, English, furniture restoration, orientation to the market and searching for work. Courses were also developed for staff and volunteers to ensure that they worked in a way which was supportive to clients who were preparing for re-entry into the job market. Complementary to these activities clients had the opportunity to undertake a work placement. This allowed them to test out their potential and develop a realistic appreciation of the possibilities open to them. The final element in the overall programme was a Work Advice Desk (Sportello Lavoro). This operated as a counselling and advice service to clients as they were seeking work. It was not exclusively for clients of CeLS Modena but the majority of those who used the service were CeLS clients. La Rupe in Bologna has a project specifically for unemployed female former drug users. This involved the establishment of a Type B social co-operative in which the women could work and which could reconcile working life with the demands of family life. As a social co-operative. It also allowed the women to be active protagonists in their own life after experiences of failure.

Complementing the many local projects, the General Directorate for Employment of the Ministry of Welfare has promoted a series of projects financed through the National Drugs Fund. Between 1999 and 2001 a total of €9,841,241 has been allocated to 16 projects promoted by the Ministry of Labour (now the Ministry of Welfare). This is equivalent to €1,968,248 p.a. over a five year period. For 2001 four projects were financed aimed at promoting social inclusion and entry into the job market. *Progetto Koinè* is an experimental project to develop a model for the support of drug users from treatment into employment. Through linking treatment services, businesses, social co-operatives and institutions it aims to build work opportunities and to support the target group in seeking and holding in to

employment. *Drug use, prison and psychiatry* aims to carry out interventions aimed at achieving recovery and entry into employment for drug users with psychiatric problems. It is undertaking a “tracking analysis” and uses an intranet system to make connections between the different people involved in monitoring progress and evaluation. *From centres to services for employment* aims to establish a dynamic vision for the placement of drug users into employment. Focused on the employment services it aims to build up effective links with EU promoted initiatives, to develop and carry out training and awareness programmes and to train staff in the services to have specific competencies for advice and support in returning or starting work. *Integration is possible* is an innovative experimental programme aimed at developing courses for immigrants with drug problems. The project is first undertaking an analysis on the relationship between immigration and drug use and evaluating this in connection with exclusion and entry into the job market. It is using a range of activities to implement the project within a systematic approach linking all together.

3.4.4 Outcome evaluation

Two substantial evaluation studies have been published concerned with re-integration of drug users. CeIS Belluno and Cooperativa Sociale Integra (2002) report on a research which had two key objectives – to identify the results arising from the first 16 years of CeIS Belluno (1984 – 1999) and to evaluate Project Integra to find ways of reducing drop-out, preventing relapse and facilitating social re-integration and entry into the labour market. The evaluation confirmed that drop out most often occurred in the early stages of treatment, but noted that 15.8% of drop-outs were during the re-entry phase. 83% were single, 64% had no current girl/boy friend and 73% lived alone. 10% had been homeless before treatment. In almost one-third of cases the father had a dependency problem and in 25% of cases the mother had a dependency problem. 12% had an elementary school or no school certificate and 55.4% a lower secondary school certificate and before treatment 66% were unemployed or casual work. Over half had a criminal record and over half were in the middle of criminal proceedings when they entered treatment. Taken together the data combines many of the indicators of likely social exclusion. The evaluation consisted of a follow-up of 199 people who had been in treatment. 89% were employed with only 6% unemployed. 53% were satisfied with that their income level met or largely met their needs and one-third that it in part met their needs. 77% had ceased all drug use with around 15% using drugs occasionally. To develop further the re-integration process, the Integra Social Co-operative was established in 2000. This was a development from a project funded under the Integra Programme *Save the Person and the Environment* as well as from the outcome evaluation of CeIS. It was specifically focused on tackling the issue of drop-out during the re-entry phase by providing employment within a social co-operative where former drug users could be supported whilst undertaking full-time employment. The preliminary data shows that this development has further reduced drop-out during the re-entry phase. A further evaluation report is expected.

Girardi (2001) reports on an evaluation of a project for the social re-integration and entry into the labour market of drug users referred by the Ser.T. of Este and Monselice (Veneto Region). The project was a collaboration between the Ser.T. and “Spazio Elle” Social Co-operative and was the extension of a previous project for clients in rehabilitation carried out between May 1999 and March 2000. 13 clients were involved in the project and were placed for employment with Spazio Este for 6 – 12 months. In the second project, 9 clients were involved between its start in April 2000 to June 2001 providing a basis of 22 clients for the evaluation. 16 (72.7%) of

clients remained within the programme for the agreed period and stopped only for hospital treatment or to enter a therapeutic community. Of the clients for whom there is fuller data available, 6 had been in contact with the Ser.T. for over 10 years, 7 for over 5 years and 4 for less than 5 years. In terms of educational level, 7 had an elementary school certificate, 8 a lower secondary school certificate and 2 an upper secondary school certificate. During the programme, 3 clients remained drug free, 3 had become drug free and 10 had reduced their drug use. 12 clients had a positive outcome from the work experience and 5 were placed in the normal work force. A variety of measures were used to indicate outcome. These included appropriate attendance and appearance at work, work relations, role acceptance, punctuality, motivation and learning and problem solving.

3.5 Methodological information

3.5.1 *Limits in data availability*

A major limit in data availability is the lack of any studies which have examined drug use patterns amongst marginalised populations. There is a dearth of data, for instance, on drug use within immigrant populations. No published data on drug use within the long-term unemployed population is available. There is some data on the employment status, educational level and accommodation of drug users in treatment with the Ser.T., but this is data on current circumstances which may define present marginalisation but cannot inform the relationship between drug use and other elements of social exclusion.

A second problem concerns the availability of data from street services and from projects aimed at reaching populations which are not in treatment or where irregular drug use is the norm. Although there are many such services and projects, no means exists at present for bringing this data together in a way which can inform policy and planning.

A third problem concerns data on re-integration and entry into the labour market. As can be seen from the profile of projects financed under the Integra Programme, for example, there is considerable activity in this area. Moreover, many therapeutic programmes, especially within the residential and semi-residential services of the private socio-rehabilitative organisations, have a specific re-entry and vocational training phase. However, the reports on or evaluations of these projects tend to be either documents for the funders or internal documents. Where a report is published it is usually only available from the organisation which undertook the project. In consequence, it is difficult to identify and collect together what may be a much richer range of documentation than has so far been identified.

3.5.2 *Main studies and research*

There have been few studies published concerned with social exclusion or re-integration of drug users. It is hoped that the projects which have been funded through the Ministry of Welfare, and which have national significance, will result in evaluations which can provide both quantitative and qualitative data.

Sorgato (2001) reports on a project undertaken by the Ser.T. 2 of Padova. The area covered by the local health authority – USSL 16 of the Veneto Region – includes the main production areas of the Region. The project was concerned, therefore, to examine drug prevention in the workplace. For this it combined a review of Italian and international literature published in hard copy or on the internet with research on 500 young workers. Alongside this prevention counselling was provided in collaboration with SPISAL (Service for security and accident prevention in the work place) and information material on the risks associated with drug use was produced.

The study of young workers was conducted through the administration of a questionnaire to young people who had been seen by the SPISAL regarding their suitability for work. 52.8% were male and 47.2% female and the mean age was 20. 59% had an upper secondary school leaving certificate, 28% a lower school certificate and 13% were still attending an educational establishment. Interestingly, the female group had a higher educational level than the male group. Most people were apprentices/trainees and 90% still lived with their families. Of those who had left home, only 9% had done so because of family conflicts. Most had stable friendships and socialised predominantly in bars/pubs, in the street or at each other's home. The discotheque, which has been the focus of much preventive work in Italy, was attended regularly (at least once a week) by only 6.2%, with 36.6% saying they rarely attended (less than once a month) and 14.6% never attending. 34.8% reported they had tried drugs, with cannabis most prevalent (33.8%), followed by cocaine (11%) and ecstasy (9.8%). More detailed examination of data from habitual users compared with non-users showed that the former were much more likely to have drug using friends, were less likely to remain at home except for eating and sleeping and there was a linkage between those who were heavy consumers of superalcohol and those who were habitual drug users. The study also examined sexual relations and knowledge of sexually transmitted diseases. Although only 18.6% reported casual sex without the use of a condom, the knowledge about sexually transmitted diseases was relatively low. It also emerged that habitual drug users and heavy consumers of superalcohol were more likely to have unprotected casual sex than were non users/consumers. Overall, the data provides a valuable picture of young workers in terms of their social patterns and behaviours and their use of drugs and/or alcohol. It suggests that different patterns begin to emerge as young people begin to have an independent income and indicates a number of lines for the development of prevention work and interventions. In particular, it suggests further work based prevention activity may be important given that private homes are an important location for drug consumption in this population.

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