



Ministero del lavoro e delle politiche sociali
Dipartimento delle politiche sociali e previdenziali



REPORT TO THE EMCDDA
by the Reitox National Focal Point

ITALY

DRUG SITUATION 2001

REITOX

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SUMMARY

Main Trends and Developments

During 2001 and the first half of 2002 there were a number of major developments within Italy. Early in the year the Government signalled its intention to give high priority to the problems associated with drug misuse. In particular it indicated a desire to strengthen the capacity of law enforcement agencies to respond to drug and drug related offending and to re-focus demand reduction interventions on primary prevention and treatment aimed at achieving abstinence and re-insertion into employment. In November 2001 the National Department for Anti-Drug Policies was established within the Presidency of the Council and an Extraordinary Commissioner was appointed to co-ordinate initiatives and interventions between the Ministries and authorities and formulate proposals aimed at maximising effective prevention, treatment, rehabilitation and supply reduction activities. In February 2002 the first National Drugs Plan produced in Italy was approved by the Government. This plan concentrated on issues of drug demand reduction and gave clear expression to the primary prevention and abstinence oriented policies favoured by the Government. In June 2002, a Ministerial Decree from the Minister of Health in association with the Minister of Welfare, sought to improve accessibility to private socio-rehabilitative services by allowing direct access to services without the necessity of the Ser.T. (Servizio Tossicodipendenze) being directly involved. The guidance for use of the National Drugs Fund gave priority to activities which would implement either at national or local levels the priority areas of the National Drugs Plan. At the Regional level, the process of devolving greater autonomy to the Regions from central Government continued. Regions took responsibility for the planning, organisation and delivery of health care within broad guidance from the Ministry of Health. Legislation was also introduced and began the Parliamentary process to transfer the maximum possible responsibility to the Regions. These changes will lead to greater variations in responses and service delivery as individual Regions determine their own priorities.

Epidemiology

In 2001 the first general population survey of drug use was undertaken. This involved a postal survey and followed earlier trials of different methodological approaches. The age range for the survey was 15 – 44. Cannabis was identified as the most prevalent drug with most other drugs having very low prevalence rates. The life time prevalence of hypnotics/sedatives is relatively high, especially in the female population but last 12 month and last 30 day prevalence is low. The highest prevalence rates are found in the 15 – 24 age range. The ESPAD Italia study shows a general reduction in listed drug use with the exception of cannabis use. It also shows a reduction in combined alcohol and drug use. The notable developments appear to be changing patterns of alcohol use, with increased drunkenness and a small but noticeable increase in use of drugs by injection. Data from the Ministry of Defence shows a changing situation which seems to be related to the ending of conscription. Those now within the armed forces are predominantly volunteers who have chosen it as a career not conscripts and may be less likely to have an involvement in illicit drug use. Estimates of problematic drug use, based on four different indicators, suggest that there is still a substantial number of heroin users outside the treatment system and that around 8% of the population in the 15 to 54 age range has tried heroin.

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

In terms of morbidity and mortality, there was a substantial decrease in the number of direct drug related deaths. The percentage of all clients of the Ser.T. found HIV positive has continued to decline. However, the level of testing for any of the drug related infectious diseases has also been falling and there are very substantial differences in testing practice between Regions. The downward trend in HBV infection has remained although there was a slight increase in the percentage of all clients testing positive for HBV. There has been an increase in the percentage of all clients testing positive for HCV infection and the level now almost matches that for 1998. New clients of the Ser.T. are much less likely to test positive for drug related infectious diseases but the percentage tested for these diseases is much lower than for existing clients..

Drug availability remains relatively high. Seizures of heroin exceeded seizures of cocaine in 2001, reversing a historic pattern. The quantity of cannabis seized rose in 2001, but with the amount of hashish seized falling and of marijuana seized rising. There was a substantial increase in the number of plants seized. There was a reduction in the quantity of amphetamines (including ecstasy) seized but the level is around the same as for 1999. Data on the number of seizures is only available as an overall total. It is difficult, therefore, to ascertain what trends there might be in supply or availability.

The pattern of referrals to the Prefect for unlawful possession shows a continuing sharp decline. The number of referrals to the Judicial Authority for drug law offences has remained stable. The number of drug dependents in the prison system declined significantly, as has the general prison population. It is noticeable that the percentage of non-Italian prisoners, both drug dependent and non-drug dependent, has been rising steadily for several years. This has implications for prevention and treatment interventions. It also suggests that illicit supply systems are increasingly using highly vulnerable populations to act as couriers and low level deliverers of drugs. This trend and its implications will need to be monitored further.

Drug Demand Reduction

The clear statement of intent arising from speeches by Ministers and confirmed in the newly adopted National Drugs Plan has resulted in an increased focus on primary prevention. This can be seen not only in the projects and activities supported by the Ministry of Education but also through the prevention plans being produced at the local health authority and Regional levels. There are graduated prevention approaches based on primary prevention within the educational environment, especially the elementary and lower secondary schools and varying levels of secondary prevention in specific settings such as discotheques, bars and through street work.

The internet is increasingly being used to provide information about various aspects of drug demand reduction. Although there has been a continued expansion of the sites available, many are relatively static and are up-dated very infrequently. At the same time, a small number of sites have been developed as interactive youth oriented sites in which drug prevention is integrated with broader information about events, activities, games, etc.

There has been a policy move away from harm reduction as a goal in itself in favour of low threshold services and early interventions to reduce the likelihood of drug problems developing or to bring drug users rapidly within a therapeutic environment. There are substantial variations in practice around the country and no single modality or approach can be found. Rather, there appears to be a mix of service by tradition, new initiatives and, increasingly, adaptation of treatment to match identified client needs. In practice, many Ser.T. and socio-rehabilitative organisations are multi-modality and multi-service providers.

There has been a continued reduction in the number of people in residential treatment and an increase in the number attending out-patient services, although the total number of people attending socio-rehabilitative services has remained stable.

The use of pharmacological treatments by the Ser.T. has declined but there has been a continuing increase in the percentage of clients who receive long term (over 6 months) methadone. The reduction is not correlated with a reduction in the number of people with primary heroin use and suggests that there has been a conscious move towards the use of symptomatic and psycho-social interventions.

The number of drug users passing through the criminal justice system has declined, as has the overall prison population. Drugs users represent 29% of all new prisoners. Over time, the percentage of new, drug using prisoners from Italy has fallen by one-third whilst the percentage of new non-Italian drug using prisoners has risen by 80%. Following the assumption of responsibility for the health care of prisoners, the Ser.T. have seen an increase in the percentage of clients in prison. Treatment remains primarily psycho-social but there has been an increase in pharmacological treatments. This may reflect work with existing clients, with drug users who are awaiting trial or who are in preparation for an alternative measure. 26% of all assignments to the Probation Service are of drug using offenders.

Quality assurance approaches have continued to develop with a major publication on this issue. A number of drug services have now obtained the ISO 2000 certificate and there increased interest in this area.

Consistency between sections

There is broad consistency between the sections of the report and between data from different sources. For instance, the general population survey, the ESPAD data and the data from the Ministry of Defence all show common trends in terms of the development of substance use, patterns of substance use and the drugs most frequently used. The data from the Ministry of Health on problem drug users in contact with the Ser.T for treatment is consistent with local data reported in published papers or in papers presented at regional and national conferences. It also confirms, given the time lapse between drug use and the first approach for treatment, a gradual move away from injection of drugs and a wider pattern of drug use with heroin use declining but use of other drugs increasing. The law enforcement data also seems to confirm these trends, with cocaine and ecstasy seizures being substantial and seizures of heroin declining. Cannabis seizures have consistently represented the largest quantity of listed drugs seized. The data on referrals for unlawful possession of listed drugs is not, however, consistent with the other indicators. This may reflect the fact that possession of a listed drug is an administrative offence with low enforcement priority. Discovery of a listed drug may occur in the course of other policing operations and not be the focus of the policing operation. The greatest difficulty rests in interpreting data from local sources concerned with drug use by young people. Where well sampled studies have been undertaken, these appear to confirm data from the general population and school surveys. They also provide more in depth and qualitative data which can assist in the development of local responses and better understanding of geographical variations. Studies of randomly selected populations, however, may provide significantly different results and are easily misinterpreted. At the same time, they can provide valuable insights into very specific situations which, whilst not capable of being generalised, can provide a focus for intervention and evaluation of the impact of different interventions.

Implications for policy and interventions

Improvements in both the quantity and quality of data arising from the work of the OI DT and of projects undertaken by individual Ministries and Departments has already provided valuable information for targeting both policy and interventions. It has already had an influence on policy in that the data identified priorities for the first stage of the National Drugs Plan and gaps in data, such as qualitative studies, evaluations of interventions etc. As the experimental data collection systems being developed are finalised and fully implemented, along with improvements in existing data systems and completion of the evaluations of the effectiveness of treatment, these are also likely to provide a basis for further developing policy, strategy and interventions.

NATIONAL STRATEGIES: INSTITUTIONAL AND LEGAL FRAMEWORK

1. Developments in Drug Policy and Responses

1.1 Political framework in the drug field

1.1.1 *Objectives and priorities at the national level*

As previously reported, following the general election the planned re-organisation of the government structure occurred, including the transfer of the Italian Observatory for Drugs and Drug Addiction (OIDT), which includes the National Focal Point, to the new Ministry of Labour and Social Policy, commonly referred to as the Ministry of Welfare. Within the Ministry a Directorate General for Prevention and Recovery from Drug and Alcohol Dependency and for the Permanent Observatory on Trends in Drugs and Drug Addiction has been established. The Directorate has responsibility for: co-ordinating policies to contain and reduce the spread of drug and alcohol dependence and associated problems; collaboration with associations, therapeutic communities and assessment centres active in drug prevention, rehabilitation and social re-insertion; information and documentation on drug dependency; defining and updating methodologies for surveying, analysing, evaluating and disseminating information on drug dependence.

Following the transfer, however, it was observed that the area of drug dependency presented specific problems because of the involvement of many different Ministries, Regional and local administrations and institutions in particular aspects of the subject. There was a need to establish a high level mechanism for developing an overall national strategy, to analyse the need for legislative and/or regulatory reforms and to establish effective links between different services, public and private, ensuring a plurality of provision. To this end, under a Decree of the President of the Republic (DPR) dated 30/11/2001, an Extraordinary Commissioner was nominated to provide these national functions. The Commissioner is supported by a National Department for Anti-Drug Policies, based within the Prime Minister's Department and established under the Decree of the President of the Council of Ministers (DPCM) dated 15/11/2001. The specific responsibilities of the Commissioner are:

- To co-ordinate initiatives and interventions between the Ministries and authorities active in the drugs field
- To formulate proposals which aim to maximise effective prevention, treatment, rehabilitation and supply reduction activities for consideration by the Prime Minister

The National Department has assumed responsibility for providing the necessary administrative support to the National Co-ordination Committee, which is chaired by the Prime Minister and involves Ministers from all relevant Ministries. This function was previously undertaken by the National Drugs Observatory (OIDT), first within the Department of Social Affairs and then within the Ministry of Labour and Social Policy. It also has responsibility, where this is not already within the remit of another Ministry or Department, for:

- undertaking preparatory work in order that it can fulfil its designated functions
- preparing a three year national anti-drug plan in addition to any other proposals and operational plans
- obtaining and analysing data from the relevant Ministries/authorities on all aspects of the drug problem
- proposing revisions to legislation and/or regulations to the National Co-ordination Committee
- ensuring that the relevant Ministries and other public and private organisations involved in anti-drug activities respect the guidelines and

objectives of the National Drugs Plan, and any subsequent measures taken by the Government with respect to drug treatment and rehabilitation regarding both the use of financial resources and the planning of interventions.

The Government has signalled a number of important changes in its priorities for action on the drugs problem. These are discussed below but may be summarised as.

- ▶ increased focus on primary prevention
- ▶ treatment to achieve abstinence with less focus on harm reduction and maintenance treatment
- ▶ increased use of drug free residential treatment
- ▶ direct access to drug free residential treatment
- ▶ increased supply reduction activities

1.1.2 *New initiatives and major changes in political approach*

During the last two months of 2001 the National Department studied data and began to develop the National Drugs Plan. This was then prepared as a formal proposal by the Drugs Commissioner and was approved by the Council of Ministers on 14 February, 2002.

This is the first formal National Drugs Plan for Italy. Previously, priorities for drug demand reduction were identified through the priorities attached to the National Drugs Fund or through legislation or regulations. Individual Regions also had their own strategies and planning procedures, which did not necessarily coincide with national priorities. Priorities for drug supply reduction and for policy in terms of drug related offending were matters for the relevant Ministry, although there was a basis for co-ordination through the Inter-Ministerial Committee.

The key elements of the National Drugs Plan and the national priorities are shown in the boxes. They do represent an important shift from previous policy and the commitment of the Government to this new direction has been emphasised on many occasions by Ministers and by the Drug Commissioner, most recently by the Prime Minister speaking at the Rainbow International Conference in October 2002. (Berlusconi, Fini, Soggiu).

In essence, there has been no change in the balance between drug supply reduction and drug demand reduction activities. Rather, there has been a change in the focus of drug demand reduction policy. This is now firmly rooted in primary prevention aimed at no initiation into drug use and treatment with the objective of abstinence, rehabilitation and reinsertion back into employment and society. A second element has been to build a demand reduction strategy in which public services and private social service organisations are equal partners. The latter are the main providers of rehabilitation and reinsertion programmes and their active engagement in planning and delivery of an abstinence focused strategy was essential. The National Drugs Plan foresaw the need for legislative and regulatory changes which would facilitate its full implementation. The changes which have already occurred are discussed below in the section concerned with the legal framework (1.2).

National Drugs Policy and Strategy

Prevention of dependence and youth problems

▶ it must be carried out through a range of different types of intervention and aimed at reaching the largest possible number of young people. Interventions should be co-ordinated to involve all society, in particular, the family and the school. Primary prevention aimed at no initiation into drug use and supporting the capacity of the young person to remain drug free. The aim of prevention is to be promotion of a fully integrated person with improved opportunities to fully participate in training and employment. Prevention must be developed within a network of services involving public bodies and private social organisations. Information campaigns should value the role of individuals in society. The objectives of the national information/prevention campaign should be promotion of a responsible life, strengthening the search for sensations and emotions not based on risk behaviours and therefore to reduce the demand for drugs.

Public services for dependencies

▶ the Government should make the most of the experience developed by the Ser.T. The State-Regions Accord of January 1999 makes it necessary to strengthen provision of psycho-social services in association with other public and private organisations operating in the sector. This should also involve developing projects in conjunction with mental health and child/maternity services so that available resources are optimised. Dependency Departments must be organised so that there is direct participation at the operational and decision making levels of accredited private social organisations, voluntary associations and family associations.

Socio-rehabilitation services - public and private

▶ the Government must ensure the availability of responses for the treatment of and rehabilitation from drug dependence and guarantee freedom of choice for drug dependents and their families to enter a rehabilitation programme run by an authorised organisation anywhere in the country, whether public or private. To this end, the regulations relating to certification of drug dependence will need to be changed. Given the goal of having many more people in rehabilitation, a building programme to create new centres or enhance existing centres is required. Public service resources must be made the most of through integration with private social services with equal dignity for both parties. Training should be provided for staff and volunteers.

Drug dependents in prison

▶ special attention should be given to drug dependent prisoners and, when requested in accordance with the regulations, the right to access to a rehabilitation programme should be guaranteed as an alternative to detention. Specific structures should be created within the ambit of the Prison Administration and managed in collaboration with private social organisations as a preparation for admission into drug free rehabilitation.

Placement back into work

▶ to promote re-entry into work on completion of a rehabilitation programme, professional training programmes must be encouraged. This should include: implementing the State -Regions Accord on work training for drug dependents; including drug dependents in the "disadvantaged" category of para. 1, art. 4 of the law 381/91 relating to social co-operatives; stimulating entrepreneurial initiatives by ex- drug dependents; improving the regulations which govern the arrangements for workers undergoing rehabilitation.

Evaluation of interventions

National Priorities

- ▶ to tackle effectively new forms of dependency from observation of their arrival through to the implementation of different services and measures appropriate to new needs
- ▶ to strengthen attention on prevention to increase knowledge of the risks arising from any involvement with drugs or drug users and to promote a sober and active life. A main focus on primary prevention which must be linked to government action for infants and young people in compulsory schooling
- ▶ to achieve a better balance between treatment, recovery and rehabilitation services, investing with a focus on treatment aimed at achieving full recovery, free from all drug use and from long-term presence in a treatment service
- ▶ to dedicate technical and financial resources to the full integration of drug dependents in society and employment, affirming the rights of citizenship and to employment of each person, especially at the end of treatment
- ▶ to measure the quantity and quality of responses and to strengthen the system for observing the situation and the responses with the aim of supporting the most effective actions and avoiding wasted effort
- ▶ to consolidate and re-enforce the actions of the technical/policy bodies which support the Government policy in respect of drugs and drug

1.1.3 *Co-ordination policies*

As stated above, the appointment of the Extraordinary Commissioner and the establishment of the National Department for Anti-Drug Policies was to provide co-ordination at the national level. To facilitate this task, responsibility for providing support services to the Ministerial Co-ordinating Committee was transferred to the National Department from the Directorate General for Dependencies based in the Ministry of Welfare. The Directorate General does, however, continue to provide technical support to the Ministerial Committee.

Considerable autonomy is given to the Regions and Autonomous Provinces to arrange their structures in ways which best meet their needs. Drug misuse may, therefore, be within the remit of the Regional Department of Health, of Social Policy or of another Department. As previously reported, the State-Regions Accord of January 1999 called for the establishment of Departments for Pathological Dependencies and for the direct involvement of relevant public and private organisations in strategic planning, decision making and programme implementation. The National Drugs Plan has emphasised the importance of these developments and of the engagement of other services in order that there might be the optimal use of limited resources. The role of the Departments for Dependencies includes planning and commissioning prevention, treatment, rehabilitation and social / employment reinsertion activities. The activities may be carried out by the Department itself or by public or private organisations.

At the national level there is a structure for co-ordination between drug supply and demand reduction activities through the Ministerial Committee. There is less evidence of co-ordination between these two areas at the Regional and local levels.

1.2 **Legal framework**

1.2.1 *Major changes in laws and regulations*

The major changes which have occurred during the reporting period relate to the establishment of the National Department, the appointment of the Extraordinary Commissioner and moves to facilitate implementation of the national drugs plan. These are described in the appropriate sections.

1.2.2 *Legal framework in the demand reduction field*

The basic framework for the demand reduction field has remained stable during the period. Private social organisations providing residential, semi-residential or ambulatory services are required to be registered with the Region. Most Regions now have in place their basic requirements in terms of minimum standards and reporting requirements, which apply to all drug demand reduction services whether provided by public or private organisations. Treatment with substitute drugs is usually undertaken by the national health service managed Ser.T. (drug treatment services) although general medical practitioners may also provide this service and in some areas, such as Trieste, are major providers of substitution treatment. The Ministry of Health regulates the way in which drugs are prescribed and provides guidelines on best practice.

An important change occurred in June 2002 with the publication of a Ministerial decree (Decree of the Minister of Health, published in the Official Gazette No. 147 on 25 June, 2002) which changed the arrangements for the way in which those with drug problems might be admitted into treatment. Previously a person with a drug problem attended a Ser.T. which served the locality in which they were registered as a resident. The Ser.T. provided treatment or paid for the provision of treatment by another service, public or private. Under the decree, a drug user or his family could seek residential treatment from a public or private service anywhere in the country. Moreover, private treatment services were given the authority to attest the presence of drug dependency. With this authority they can now admit residents directly and, based on the certification of

dependence, require the Ser.T. for the area of residence of the drug user to pay for the treatment provided.

This change represents a further step in the implementation of the National Drugs Plan and is aimed at strengthening abstinence focused treatment.

1.2.3 Other important developments/initiatives

No further major developments or initiatives have taken place beyond those which have already been described.

1.3 Laws implementation

1.3.1 Implementation of law

There have been no changes in the implementation of the drug law during the reporting year. Those found in possession of controlled drugs without lawful authority (Article 75 of the Drug Law) are referred to the prefecture where they may be warned about the dangers of drugs and advised not to use them again or may be referred for counselling and treatment. Those in breach of the criminal offences listed in the Drug Law are investigated and if the investigating magistrate / supervising judge considers there is sufficient evidence, they are sent for trial.

1.3.2 Prosecution policy

There has been no change in prosecution policy. Drug law offenders are prosecuted where there is sufficient evidence to proceed. If the offender is a drug user and alternatives to imprisonment are available, policy remains to encourage the drug user into treatment. The National Drugs Plan has emphasised the importance of providing treatment to drug dependent offenders with the objective of achieving long term abstinence on release from prison. To this end it has encouraged an increased role for services providing drug free treatment and, as reported above, has proposed additional mechanisms to assist drug dependent prisoners achieve abstinence.

1.4 Developments in public attitudes and debates

1.4.1 Public perception of the drug issues

Drug misuse remains a major area of public concern and is a topic which has received significant political attention. There has been no published research on public perceptions of drug issues and it is, therefore, difficult to make a judgement about public attitudes and views. However, from observation of interviews and public responses on television shows and in newspapers, it would seem that the general public considers drugs to be a high priority for action. Whilst those involved with supply or production are considered to require punishment, the attitude towards drug users appears to be one in which treatment is considered preferable.

1.4.2 Orientations of the main public debates in civil society

The main public debate in recent months has been a debate about the relative balance between substitution treatment, harm reduction approaches and drug free treatment. In this respect, the major thrust has been towards the need for much greater emphasis on primary prevention (no initiation into drug use) and treatment with abstinence as the objective. As a part of this debate, there has been increased concern expressed about interventions and activities which might imply that drug use in some circumstances is acceptable (e.g. long term maintenance) or which seek to avoid drug users taking responsibility for their behaviour, such as pill-testing, provision of injecting equipment, etc.

There has also been discussion about the need to strengthen the drug laws and to consider change to the law which treats drug possession as an administrative rather than a criminal offence.

Although these debates have been public and widely reported, they have essentially been debates involving policy makers and practitioners in the drugs field, from different sectors, rather than debates involving the general public.

1.4.3 *Media presentation and imaging of drug use*

The high political profile which has been given to the drugs issue has also led to a high media profile. Media presentation can be divided into two basic groups: presentation and debate of policy and policy options; presentation of significant news events relating to drugs.

With regard to policy, the debate and presentation has been at a serious level and has focused on the perceived benefits of particular approaches. The reporting of news events has largely maintained stereo-typical images of drug issues and has often provided misleading images. For instance, it is not uncommon for stories concerning drugs to be illustrated by images of drug injecting or of the more extreme outcomes of problematic drug use, even where the story is not concerned with a substance which is injected or which has such an extreme outcome. It is not clear whether such images have a positive or negative impact. However, given that it is adults who are the most likely audience, it may provide a poor basis for discussing drug issues with their children.

1.5 Budget and funding arrangements in 2001

1.5.1 *Funding directly related to drug issues at national, regional and local levels*

The only dedicated funding for drug related activities relates to the National Drugs Fund. As in previous years, 75% of these funds are allocated to the Regions and Autonomous Provinces whilst 25% is available for national projects proposed by Ministries.

In 2001, the total amount allocated from the Fund was € 122,199,638.5, of which € 91,840,884.79 was allocated to Regions, € 19,842,141.85 was allocated to Ministries and € 10,516,611.84 was allocated to the Directorate General.

Of the resources allocated to Ministries, the table below shows the allocation over the last three years

Number of Projects Funded by Year and Ministry / Department								
Ministry / Department	Financing Period						Total	
	1997-1998-1999		2000		2001			
	No. of projects	Amount (€)	No. of projects	Amount (€)	No. of projects	Amount (€)	No. of projects	Amount (€)
Social Affairs	0		5	4455990	17	10516612	22	14972602
Defence	4	2759538	5	488568	3	128340	12	3376445
Justice	15	18702914	8	4127007	5	2814690	28	25644612
Interior	13	3105249	18	2846376	19	2692932	50	8644557
Employment	9	5539052	3	1207580	7	3094610	19	9841241
Education	8	24317890	7	4392982	4	5681026	19	34391898
Health	40	14633806	9	6458008	6	5430544	55	26522359
TOTAL	89	690584486	55	239765124	61	303587549	205	123393714

Table 1

Source: OI DT

At the Regional level, only very incomplete data is available, with many Regions not in a position to identify the resources used in responding to drug misuse. The table below shows the dedicated funds identified by Regions allocated for activity on drug misuse in 2001.

Expenditure on Drug Demand Reduction by Region: 2001					
	NGO/Private		Ser.T	National Drugs Fund	TOTAL ⁽¹⁾
	In Region	Out of Region			
Piemonte	€ 11.508.365		€ 38.139.154	€ 6.908.222	€ 56.555.741
Valle d'Aosta	€ 766.770	€ 161,175.48	€ 1.312.085	€ 223.794	€ 2.463.825
Lombardia	€ 22.547.540		€ 6.757.723	€ 19.674.841	€ 48.980.104
Prov. Trento	€ 1.588.466		€ 2.544.782	€ 610.241	€ 4.743.490
Prov. Bolzano	€ 3.253.887		€ 3.994.712	€ 722.166	€ 7.970.766
Trentino A.A.	€ 4.842.353		€ 6.539.495	€ 1.332.408	€ 12.714.256
Veneto	€ 15.493.707			€ 4.866.543	€ 20.360.250
Friuli V. G.	€ 1.195.950				€ 1.195.950
Liguria	€ 6.895.939		€ 15.617.023	€ 2.813.508	€ 25.326.471
Emilia Romagna	€ 8.934.572	€ 1.791.204,74		€ 6.385.190	€ 17.110.966
Toscana				€ 6.023.031	€ 6.023.031
Marche	€ 1.910.891		€ 14.311.537	€ 2.048.726	€ 18.271.154
Umbria				€ 1.518.140	€ 1.518.140
Lazio				€ 6.967.715	€ 6.967.715
Abruzzo				€ 1.950.680	€ 1.950.680
Molise					not available
Campania	€ 8.272.677		€ 14.999.931	€ 3.758.650	€ 27.031.257
Puglia					not available
Basilicata	€ 430.397		€ 2.259.827	€ 548.792	€ 3.239.016
Calabria					not available
Sicilia					not available
Sardegna	€ 3.098.741			€ 2.470.730	€ 5.569.471
ITALY	€ 90.740.256	€ 1.952.380,22	€ 106.476.269	€ 68.823.377	€ 267.992.282

Table 2 Source: OI DT

⁽¹⁾ Total refers to the expenditure identified by the Region. not the total expenditure

The difference between the amount allocated to Regions from the National Drugs Fund and the amount reported as expended by Regions can be accounted for by non-reporting from some Regions and because projects had either not been approved or had not started in the year.

1.5.2 Drugs direct finding at national level

❖ Law enforcement

No data is available on dedicated funding for law enforcement activity related to drug supply or to the prosecution and punishment of drug law offending. At the national level, the funding forms part of overall law enforcement costs of the Ministry of the Interior and the Ministry of Justice and there is no separate budget for direct drug related activity.

❖ Social and health care

Table 2 above gives some indication of the funds expended on social and health care by Regions. However, specific data is not available. The costs of the Ser.T., for instance, include costs for non-care activities, such as research. Moreover, funds for social and health care may come from a range of other sources including Provinces, Communes and private sources. There is no information available at either the national or local level on the true level of dedicated expenditure on drug related social and health care activities.

❖ *Research*

As with other areas, there is limited data available on the amount of funds allocated for research. At the national level an analysis of projects approved in 2001 for support from the National Drugs Fund shows that € 34,852,577 was for research or for experimental projects which included research and evaluation as part of their activity.

There is no nationally available data on basic or clinical research conducted in university departments or through local health services. In consequence, it is not possible to state the amount expended on research. It is likely, however, that projects funded by the National Drugs Fund will include many experimental projects with research and evaluation as part of their remit. Unfortunately, it is not certain that the results of research or evaluations will be disseminated.

❖ *International actions*

Italy is the major donor to UNDCP and through its international co-operation programme has financed projects which include assistance in drug control, alternative development and drug demand reduction. Between 1991 and 2001 approximately €129,114,225 has been contributed to UNDCP by Italy. In both 2000 and 2001 the Italian contribution has been €12,200,000, representing about one sixth of the total expenditure of that organisation. To provide stability for UNDCP, since the early 1990s 35% has been for the general expenditure of UNDCP and 65% has been for projects agreed with Italy and based on geographical and thematic criteria and priorities. Additionally, three bilateral projects have been undertaken, two in Peru and one in the Maldives and alternative development projects have been funded in Columbia, Ecuador and Bolivia.

❖ *Budget for national strategy and co-ordination*

No data is available on funds allocated for national strategy and co-ordination. This is considered part of the proper activities of individual Ministries in respect of their own areas of responsibility and a function of the Prime Minister's Office with regard to co-ordination between Ministries and Departments. As such, there is no specifically identified budget for this area of activity.