ERANID-IDPSO- Illicit Drug Policies and Social Outcomes

Expert perception of drug policy in Italy

(Work package 3 Drug policy perceptions)

Summary

Preface and Authors

This report summarizes the official interviews of experts in Italy as part of Work Package 3 of the Eranid-IDPSO project. WP3 provided to Identify key experts in each country and conduct semi-structured interviews.
These interviews were conducted by the working group in several forms: audio-video recordings, audio recordings, or interviews in written form via email.
The working group consisted of:
Dario Cirillo, Consorzio per lo sviluppo delle metodologie e delle innovazioni nelle pubbliche amministrazioni;
Francesca De Marinis , University of Naples Federico II;
Francesco Fabi, Centro Studi Statistici e Sociali and Consorzio per lo sviluppo delle metodologie e delle innovazioni nelle pubbliche amministrazioni;
Maria Antonietta Farina Coscioni, Istituto Luca Coscioni;
Carla Rossi, Centro Studi Statistici e Sociali and University of Rome "Tor Vergata";

Methodology

By Francesca De Marinis and Carla Rossi

The Eranid-IDPSO project is based on the observation of anti-drug laws and policies in 7 countries also through the qualitative analysis of perception by experts and quantitatively through two population surveys (WP3).
Furthermore, it comprises the analysis of the consequences measured by means of social outcome indicators (WP4). The observation period foreseen officially by the project goes from 1996 to 2016. However, given the historical trend of anti-drug laws and policies in Italy, both the qualitative perception interviews and the measures of consequences in Italy have been studied for the period 1991-2016 and even 2018, when data are available.

The general objective of the WP3:

Quantitative and qualitative study of stakeholder perception on drug laws (laws and policies). As example the document

For what concerns the perception of stakeholders some interviews were planned by WP3. As an example the document from Catolica Porto Business School (Portugal), the international coordinator of the project, was provided to all partners containing 8 interviews. The general line of the interviews was however proposed and discussed in an online meeting and then agreed upon. It is shown below. Preliminary any changes in drug policy, law in action and access to treatment (including barriers) during the years 1991-2016 for Italy was called back at the beginning of the interviews. Then the topics of interest were:

1. explanations for changes / interpretations;
2. perception of drug manufacturers 'and suppliers' responses to drug laws / drug law enforcement;
3. key concepts relevant to the aspects of WP2 (leximetric approach to the a priori evaluation of laws).

Most interviews were conducted from the end of October 2018 to the end of February 2019 and some others in November 2019.

Each interviewed expert has a good knowledge of the drug law and / or drug policy in the country.
Some interviews were conducted face to face and some were conducted by e-mail.

The average time duration of face to face interviews was about 40 minutes.

The experts interviewed are of various kinds: researchers, physicians, jurists, psychologists, operators.
Since the description of the changes to the law were briefly reported by all the experts in a similar way, they are summarized at the beginning.
In the following the names of the experts will not be reported but their professions are available.

Anti-drug laws from 1991 to 2016 in Italy (according to all the experts).

By Francesca De Marinis,

The drug laws can be summarized as follows:

1. The law n. 162 of 1990 started a period of increased repression compared to the previous one, we detected this trend especially from the conduct of detention for personal use that, both for cannabis and hard drugs, was considered a criminal offence if the amount held exceed the defined "daily average dose".
2. In 1993 intervened a referendum that abolished the limit of the "daily average dose" so that personal consumption was decriminalized regardless the amount owned.
   It also abolished the article 72 of the law mentioned: a "manifesto norm" that expressed the policy climate of the 'war on drugs'.
   It started a period, that lasted until 2006, that we can define characterized by a less severe degree of repression against the drug related behaviors, at least for personal use.
3. The 2006 represents a turning point in the Italian drug legislation due to the law 49/2006 that provided the same criminal penalties for all the conducts of possession, traffic, cultivation, production and distribution regardless the kind of drug the conducts were related to. It means that the cultivation of cannabis also for personal use was potentially punished with a period of prison from 6 to 20 years. From 2006 to 2014 it has been the most repressive period in Italy.
4. In 2014 (February 12th) the Constitutional Court, with the sentence n. 32, declared anti-constitutional the law n. 49/2006 so that now is once again applied the law that comes out from the referendum of 1993, partially modified by the law n. 79/2014.

The most representative synthesized interviews

By Dario Cirillo, Maria Antonietta Farina Coscioni, Francesca De Marinis, Francesco Fabi and Carla Rossi

Psychotherapist, researcher and former senator (face to face audio interview)

Question: what can you tell us about the timing of drug laws in Italy
Answer: in 1990 DPR 309/90, in 1993 there was the referendum explained completely above, then Law 49/2006 with changes that affected the consumption and sale such as the equalization of all drugs. The equivalence of "hard drugs" with "soft drugs" produced a greater ease of supply by consumers with regard to substances such as cocaine, which previously was much more difficult to find in squares.
It also led to an increase in the detention period and, above all, placed obstacles in the way of the treatment of consumers. Whereas previously the majority of alternative treatment to imprisonment came from freedom and then from detention, which led to a great increase in prison sentences.

In 2014 the sentence of the Constitutional Court n.32 of 2014, which declared the Law 49 / 2006 illegitimate, allowed a redefinition of the penalties applicable to the crime of detention for drug-dealing purposes, if the fact concerns so-called “soft drugs ”a penalty of two to six years of imprisonment may be applied, while in the case of the sale of so-called“ hard drugs ”the penalty may vary between eight and twenty years in prison. Furthermore, in minor cases, regardless of the type of drug, the established penalty varies from six months to four years of imprisonment.
Presently there is a distinction in penalties for possession for the purpose of drug dealing between "soft drugs" (mainly cannabinoids) compared to "hard drugs" (mainly opioids and synthetic drugs); among other things to avoid overcrowding of prisons with small pushers;
Furtherly it had positive consequences for consumers because, with Law 49/2006, there was a risk that the possession of small quantities of drugs for personal use could be considered as holding for the purpose of dealing with criminal consequences for the consumer;

After 2014, which declared unconstitutional in particular the one table, detention decreased, but lasted for a short time. Then the entry into prison of drug addicts, including for property crimes, and of subjects for Art. 73 has grown again. However, even though entry to prison increased again, there was an improvement such as the testing institute and community service work. These two measures are beginning to extend slowly.
Question: what can you say about consumer assistance services.
Answer: The RdD has caught on but does not regularly enter into the information of the Report to Parliament because those who write that chapter show that they do not know what it is about.
Moreover, all experiences of harm reduction are not supported by stable funding but are financed by projects and even occasional funding is decreasing.
The old system of the pathological addictions of the users is very modified and also the so called "careers" of drug addiction are very modified, this explains why the demand for therapeutic community regularly decreases even from prison.
This change in behaviour hampers appropriate care and hampers taking charge.
The system of interventions should be based on the life circumstances in which consumers find themselves and no longer be based on addiction but on support at any time during the "career" of use in a flexible way and with supportive complete interventions rather than essentially pharmaceutical interventions. This would also help consumers who tend to delay entry to therapeutic services earlier and more lightly.
Consumers of cocaine are more visible and less serious and tend to turn to services that are clogged up by old users preventing new users from entering.
Question: what are the most appropriate key indicators for measuring the impact of actual drug law policies and practices?
Answer: there are various indicators: prevalence of substance use, age of first use, death from overdose, prevalence of diseases related to substance use.
Question: what do you think about the supply of substances.
Answer: There have been changes to make the fight against trafficking more effective is said to have been given the possibility of police operations without cover and this leads the "traders" on the one hand to develop new psychoactive substances, for example the great development of pseudo opioid substances, and also the web market is growing and provides opportunities for independent trade even before the entry of criminal organizations on new substances.
For cannabis, which is not considered too risky, the boundary between consumption and dealing is perceived fuzzy.
One witnesses the phenomenon of a person using a channel, which he considers reliable, to buy a certain amount and then partly gives it away or sells it, keeping their interesting part for themselves with a behaviour to limit purchases and the probability of repression.
Unintended consequences are not taken into account in policy evaluations and this is serious.

Question: what you think about prevention.
Answer: there has been no innovation to take account of changes in behaviour and the market.
Little functioning historically and even less so today.

Psychotherapist working in communities (face to face interview).

Question: So ... for the project, the first question I ask you: what changes have you observed in the drug policies since 1991, what big changes?
Answer: Since 1991, the first: the victory in 1993 of the referendum that abrogated some aspects of the 1990 law, which punished the small shop. We had in those years, just after the approval of the law of 1990, the fact of some boys who found themselves locked up in Italian prisons for a small shop, they found themselves confronted with absolutely unsustainable characters and with the dramas that were had.
So the referendum caused some improvements with respect to these rules and mitigated the impact of the 1990 law - which, as we know, was the punitive harder correction of the first true 1975 drug law - that had decided that destiny was neither the prison nor the psychiatric hospital for the drug-addicted, but the new care services that began to be set up then.
From then on we can say that in Italy, and it seems to me that the EU recognizes it, we are in the vein of countries that tend to decriminalize consumption in some way. Nevertheless we had heavy regurgitations and the heaviest regurgitation was at the time of the Government in which, let us say, the Minister was Giovanardi who, with his conception of war on drugs that he had, introduced in the Olympic decree, the Winter Olympics, even the articles relating to the change, in a more repressive sense, of the 1990 law which further introduced the punishment of consumers with equalization between soft and hard drugs and a whole series of other consequences.
In 2014 the Constitutional Court, for a procedural defect, decreed that this legislation was unconstitutional and therefore a law was returned to Italy which, despite being worse than the 1975 law, nevertheless enters the great riverbed of European countries that are within the decriminalization of consumption. While all this question still remains much debated with respect to the real efficacy that can involve all that the contraption, the fact that the referral to the prefecture of consumers, above all because of the pejorative elements that had been introduced, for which the same officials of the prefect do not have more discretion than to tell the young boys they consume, maybe even just cannabis, because we know that 80% of the referrals are referred for cannabis use, the possibility of saying “If you do a treatment, if you go to the SerT, you are not sanctioned", but now the power is in the hands of the prefectural logic and very often sanctions are applied, including, the most feared that is the suspension of the license, which very often, alas, does not have the effect of suspending consumption, but it is simply that of suspending a person's work, because if he cannot use the car or motorcycle he cannot work. There could be much debate on this, one of the important questions still remains, as is important the question that although it is partly decriminalized by the Constitutional Court the transfer of some substance, for a friendly purpose, among the group of consumers who consume together is still forbidden. Which, we know, is a typical practice of adolescence and of a certain developmental age, the idea that this was considered to be dealing and imputed directly to the criminal is an idea that, in part, the Constitutional Court has questioned and therefore not for everyone, fortunately, prosecutable. But this says a lot about the cultural climate, which in Italy continues to be very persistent, because on the drug question it is not possible to make a discourse of scientific evidence and, therefore, of a legislation that is consequent to scientific evidence, but of an ideological war that becomes a speculative tool for electoral bases. Then this aspect is a particularly painful aspect that causes many consumers who may even incur or make mistakes with respect to the quantity held, or because in the small shop they do their business to get the drugs, incurring incarceration and what was the measure of the law in action, which says that in reality, a little instrumentally, prison would be the

instrument to send people into community, this was the total and absolute failure because, despite the possibility raised for employees of going to the community even for a heap of penalties of six years, indeed a small minority goes to the community and all the others serve their sentences in prison.

Question: Two other questions: one, what happened in Italy throughout this period with respect to harm reduction, more or less?

Answer: Yes, harm reduction in Italy has struggled to assert itself, even if a positive result of the 1990 law was the widespread distribution of services that Europe envies us, because at least that, both in terms of structures of services rooted in the territory, even if then there has been a process of plan, plan drainage of these resources both for the number of operators present in the service, for quantity of services, but also with respect to the number of therapeutic communities which is a typically Latin and in particular Italian phenomenon. Well, let's say that as far as harm reduction is concerned, this was born in Italy from the bottom, that is, from the experience that the operators, whose evidence said, "plan, plan, said". Look, unfortunately, many people do not come out. And so, if we really want to help them, it's not obstinacy about the totally drug-free treatment in which methadone must be scaled up to zero, we realized that many people fell as they climbed and many people also went into overdoses. And so we had in the 90s in particular very high overdose peaks (1990-1996). Here there were the operators to plead the cause, can't we get a restitutio ad integrum as hoped could be? Well, let's try to contain the harm and reduce the damage.

It was the 80s, the years in which AIDS was grafted onto intravenous drug addiction. There is a study by LILA (Italian League against Aids) which said that until 1996, the year in which antiretrovirals for AIDS treatment arrived in Italy and then, somehow, they overturned, have begun to overturn an AIDS situation as a chronicle of death announced to the possibility, instead, of having some future on which to invest and hope, well, until 1996 between the deaths from overdoses and the deaths from AIDS, because of the infection for an infected needle, about 50,000 were estimated, a veritable massacre, which was the massacre of the 1980s and which had its long spur in much of the 1990s. Therefore the harm reduction was imposed, as it was imposed from first in England and then in the countries of northern Europe, above all because it was evident that or they were able to produce life-saving interventions with the objective: first we do not let them die, for, then, to have the space and the time to carry on a discourse also of care. We say that we have had the turning point subsequently with the decrees, including ministerial decrees, of which we must acknowledge the possibility of using methadone maintenance treatment. A great controversy raged on methadone, an absurd clash, illogical, not based on scientific evidence, but also with clear electoral purposes, for which it was said that methadone was nothing but the state drug. Without realizing that overdose deaths are vertically reduced through this tool, which had services in hand. And then based on the first harm reduction policies, on the first mobile units on the street that came out, to meet the drug addict population that did not ask for help from the services, to reduce the possibility of HIV infection. A reduction of the damage that, then, in Italy, made its way precisely for ... let's say ... the good experiences of the practice that where the local administrations have recognized them, they have also, then, supported, valued and were no longer mere activities sporadic volunteering, but became institutional activities.

The proof was that our mobile unit was born in the early 1990s, then it was hired by the ASL that absorbed our operators and carried it forward as an institutional choice. So, let's say ... harm reduction in Italy has established itself where it has not found obstacles, which were legislative obstacles.

Question That it is fundamental especially on new drugs, because they really don't know what they take.

Answer: They don't know what they take, they don't know what they take because we know that they are widespread in Europe, before they used to say above all in Eastern Europe, then they used to say in northern Europe, but probably also in Italy ... here ... laboratories as a small chemist in which it is enough to

change a few molecules for which the substance can also be sold via the internet and reach the goal.
Question: I don't know if it's really your sector, but I really think so: on the prevention made ...
Answer: On prevention ... well, prevention is the great rhetoric that does not correspond to the facts. In the sense that in the meantime with the financial crisis from 2008 to the present, with cuts in welfare spending, health care, prevention has been the privileged victim, so if there are spending items to which a 50% cut has been given it was precisely prevention. So, from this point of view, the prevention, beyond the ways in which it was implemented ... had its own ... the legs were basically sawn at the base. Then prevention ... it is clear that the WHO itself invites us to distinguish between universal prevention, selective prevention, indicated, etc. We realized that the most effective prevention was what was called old secondary and tertiary prevention, because on universal prevention, those alarmist messages that were packaged at great expense, which were television commercials, I don't know if you remember anyone, but ... I also publicly criticized one... that in the commercial you could see that taking the drug the person turned into a vampire and infected, he vampirized the person who bit, just when the vampire TV series were in vogue. So we really risked a paradoxical effect, a boomerang effect that, among other things, some US researches have indicated that it exists. If we talk too much and badly about a certain use of a substance we risk making propaganda and induction to use.

Adjunct Professor in "Phenomenology and Clinical Phenomenology of Consumption and Addiction" at the Faculty of Psychology of the Catholic University of the SC in Milan (written interview).

Changes in DRUG POLICIES since 1991:
DPR 309/90, about 30 years ago, rewrites a new horizon in which to frame drug addiction. It came after an important evolution of ethical thinking about addictions, in the ford of HIV infection, in the light of the first important data of neuroscience, within a specific cultural context, especially of young people, and economic of our country.
I remember well the role played by an important political leader of our country struck during a trip to the United States by the experiences there.
Upon his return, the stigmatization of dependent behavior was imposed.
Personal consumption was declared unlawful and sanctioned.
The addict is not only sick, but sick/guilty/offender and for this it is right to oblige him to treatment.
The average daily dose (dmg) is introduced.
The Decree provides for an administrative penalty for the recruitment and possession of quantities of substances less than dmg.
The criminal penalty is for the possession of quantities of substances greater than dmg, for the repetition of conduct aimed at personal use or for the interruption of the therapeutic program.
The role of Auxiliary Bodies and Services for Drug Addiction is affirmed.
A referendum attenuates the "repressive" framework of the 1990 legislation in favor of a rehabilitation purpose in 1993.
In 2006 there was a new change of horizon with the reaffirmation of the philosophy of contrast to drugs.
The equalization of all psychotropic substances is also central to the spirit of the law. The administrative sanction is seen as a deterrent to induce treatment. The sanction is always imposed; the therapeutic program is in addition, not as an alternative to the administrative sanction, as it was before.
In February 2014, the Constitutional Court abolished Law 49/2006, which had been improperly included eight years earlier in a provision known as the "Olympic Decree". Consequently, we return to the DPR 309/90.

Finally, Law 79/2014, to which FeDerSerD made an unquestionably leading contribution, marks an initial turning point.
In this law it is decided, among other things, to cancel the tables of the law 49/2006, and it prevents the cannabinoids from being equated, in terms of danger, therefore with the same repression, to heroin and cocaine.
The DPCM of January 12, 2017 on the LEAs (the essential levels of assistance), to some extent rewrites the institutional mandate of the SerDs and of the whole system of intervention on addictions with articles 28 and 35, introducing harm reduction interventions as essential levels of assistance (LEA) in addition to the treatment of diseases related to the use of substances.
The essential levels of assistance (LEA) are the services that the National Health Service (SSN) is required to provide to all citizens, free of charge or against payment of a participation fee (ticket), with the public resources collected through general taxation (taxes).

Changes in EFFECTIVE PRACTICES about DRUG LAWS since 1991:
But the lack of resources, more than two years after its enactment, remains the crux and with it the lack of personnel in the SerD:
The most appropriate indicators for the evaluation of policies are first of all mortality in particular from heroin use. Morbidity and problem drug use.
An approach to prevention based on scientific evidence is emerging.
Addiction prevention research programs focus on the risks for drug abuse and other problem behaviors that occur during a child's development, from pregnancy to adulthood.
This research shows that early intervention can prevent many risky behaviors in adolescents.

Sociologist expert of Harm Reduction Service operator (e-mail written interview).

Question: What changes in drug policies do you consider most important since 1991? (e.g. increased focus on implementation of legal provisions or health issues; demand or supply orientation; harm/risk reduction rather than drug treatment).
Answer: Harm reduction and risk limitation policies. Accreditation of services with introduction of professional figures, particularly in communities. Inclusion in the Essential Levels of Care (LEA) of addiction services.The rapeutic Cannabis.
Question: Did these changes in drug policy concern any specific type of drugs? (e.g. cannabis, stimulants, opioids, synthetic drugs...).
Answer: Unfortunately, drug policies do not distinguish between illegal substances, with the exception of cannabis derivatives for medical use. For damage reduction policies it is a contradictory process, a sort of pendulum in regulation: with centre-right governments they have been delegitimised but have survived thanks to the will of some regions. Therapeutic cannabis and lea are recent innovations.
RdD policies have been imposed by the presence of HIV, and only later has this paradigm shown its validity regardless of AIDS. In the presence of adequate services and RdD policies you get... lower mortality, lower overdose, improved health and social conditions of consumers.
Question: What do you think are the most important changes in actual practice regarding drug laws since 1991? (e.g. police intervention, investigative strategies, sentencing, sanctions)
Answer: I do not see any significant changes in the fight against drug supply, not even the repeal of Law 49/2006 has significantly changed the effects of public policies that are strongly focused on punishing trafficking and consumption.
Question: What do you consider to be the most important changes in drug production and supply since 1991? (e.g.: changes in techniques/practices of drug dealing or smuggling, profile of drug dealers, type of organisation/network, shift towards other drugs or other illegal activities, more/minor violence...).

Answer: Introduction of many new molecules, particularly methamphetamine, ketamine, opioids. In addition, the distribution and consumption of cocaine, the presence of heroin also smoked among the youngest people. Presence of purchases (for now niche) both on the web in clear and deep and dark. Dealing more and more characterized by a "dust". that is to say, also exercised by small and very small consumers - sellers. Great presence of poly-consumer.

Question: Do these changes in reactions from producers and suppliers concern any specific type of drug? (e.g.: cannabis, stimulants, opioids, synthetic drugs...)

Answer: The web is a place where you buy in particular synthetic molecules and opioids.

Queston: When did these changes in reactions from drug producers and suppliers take place? (years, periods).

Answer: Introducing methamphetamines from the early '90s. Ketamine (whose illegal status and inclusion in the table had no deterrent effect on consumption) at the turn of the millennium, opioids in recent years. Mass poly-consumption since the late 1990s, the web in the last 5 years.

Question: WHY have these changes in drug production and supply taken place? To what extent and in what way have these changes in reactions been related to changes in drug law enforcement ? To any particular changes in actual drug law practices? Which ones? (e.g. political reasons, social developments, drug market dynamics...)

Answer: Drugs are increasingly being used as a self-care tool compared to the conditions of uncertainty and stress that late industrial society brings with it. The market, in its indistinct version caused by repressive and punitive policies, "heterodiriges" the choices of consumption especially of the youngest people.

Question: Have these changes in drug production and supply had CONSEQUENCES on the health and social situation of drug users and/or for society as a whole? Positive or negative ? (e.g.: price / purity of drugs, availability on the market, number of users, mortality, etc.).

Answer:

Positive consequences

A very high degree of purity, but it increases the risk of overdose.

Negative consequences

Presence of synthetic cannabinoids that would not be sought if self-produced or legal cannabis was available. Widespread opioids in the absence of consumption culture with respect to these molecules, with all the associated risks. Unconscious consumption in relevant layers of users.

Question: What do you consider to be the most important changes in drug use prevention since 1991? (e.g.: objectives, methods, target groups, types of operators...)

Answer: The prevention implemented by the most advanced public and private services has as main objective not the moral judgement but the care and maintenance of the health of the users. The places where the teams operate are no longer exclusively the school, but also the daily contexts of aggregation and night loisir, including free festivals and rave parties. The tools and methodologies have also been improved, providing scientifically based and distinct information material substance by substance, mix by mix. In addition, the distribution of prophylactic material has preventive effectiveness. The operators employed are much more qualified than before.

Question: Have these changes in drug use prevention had CONSEQUENCES for the health and social situation of drug users and/or for society as a whole? Positive or negative ? (e.g. number of users, frequency of use, mortality).

Answer:

Positive consequences

Greater understanding and awareness of consumers, the possibility of a timely response to problematic states, the spread of a culture of sobriety and moderation. Reduction of unfortunate events related to consumption, in particular opiates.

Negative consequences

They still lose programs informed by the Nixonian motto "Just say no" all you need to know is that you have to say no, programs and projects implemented especially in school (students can't escape...).

Question: What are the most appropriate key indicators to measure the impact of drug prevention?

Answer: Talking about effectiveness indicators for projects that sometimes last only six months is a real nonsense. For projects with a longer duration, and in particular those that are out rich, it is significant their ability to send them to specialist services, their recognition and acceptance in contexts, the amount of prophylactic material distributed, their presence on the web, and the production of research and reports.
It should also be remembered that, in the presence of a continuous pendulum of legislative regulation and sentiment in political actors with regard to drugs, the mandate of the prevention activity is also unclear (should consumption be cut? Should awareness be raised among young people? Should risks be limited?...), so it is also unclear what is the desired impact of such policies.
Question: What do you consider to be the most important changes in the treatment of drug users? (e.g.: objectives, methods, target groups, types of operators ...).
Answer: With the state-region agreement, the therapeutic or pedagogical communities must guarantee the presence of specialist figures that guarantee some effectiveness of the intervention (previously there were realities that relied on the "christotherapy" done by former guests).
Design and implementation of specialized programs (for example, for cocaine in Latium region there is a service called CARE that offers weekend accommodation for intensive treatment that continues during the week through relations with treatment teams), also for alcology.
The presence of the substitution drug (methadone) and the opiate antagonist (Naloxone), although with a few exceptions in the Italian panorama (more than a few, in truth), offer good protection from overdose and contribute to the "good life" of opiate addicts and consumers.
The recent vaccination for HCV is improving the health.
More generally, although with many difficulties, harm reduction policies continue to make the greatest contribution to consumer health.
Question: Did these changes concern any specific type of drugs? (e.g. cannabis, stimulants, opioids, synthetic drugs...).
Answer: Especially opiate and cocaine addicts.
Question: When did these changes in treatment of drug users take place? (years, periods)
Answer: DDR policies have been legitimised since the second national drug conference in 1997, but their implementation throughout the country is still ongoing.
Experimental services on cocaine and alcohol have been in place for about 10 years.
.....
Question: WHY have there been these changes in the treatment of drug users? (e.g.: political reasons, social developments, drug market dynamics, new visions/paradigmas...)
Answer: New awareness derived from the risk of AIDS which has pushed a lot towards the choice of DDR policies; mass diffusion of cocaine use; polyconsumption
Question: Have these changes in the treatment of drug users had CONSEQUENCES for the health and social situation of drug users and/or for society as a whole? Positive or negative ? (e.g. number of users with addictions, frequency of use, mortality).

Answer:
Positive consequences
Drastic lowering of hiv infections among consumers, lowering of overdoses in our country, greater retention in care of patients
Negative consequences ...
Still too many territories cannot rely on innovative services and BoD policies
Question: Since 1991, have there been significant changes for drug users in the accessibility of treatment? For all categories of drug users ? For specific categories ? (e.g. young/mature users, women). When did these changes take place ?
Answer: Especially for young and very young people, there are still few services equipped to take care of this age group. Women who turn to services are still a minority.
Question: What are the most appropriate key indicators to measure the impact of treatments?

Answer: Overall consumer health
Number of overdoses and deaths
Even partial achievement of healthier lifestyles.

Criminal Laywer (e-mail written interview)

Changes in DRUG POLICIES since 1991:
The criminal lawyer replied to the questionnaire that among the fundamental changes from 1991 to today there is the referendum of 1993 that decriminalized the use of drugs of any kind, even if with the law 49/2006 that mainly affects consumers and small market. Law 49/2006 was abolished by a Constitutional Court ruling. With the law 79/2014 a step forward was instead made: the inclusion of all types of cannabis among soft drugs, the division of substances into 5 tables, the confirmation of the difference between hard and soft drugs.

Changes in EFFECTIVE PRACTICES about DRUG LAWS since 1991:
Surely, the law 49/2006 increased the inputs in prison for consumers. For the "penitentiary community" this was especially a health problem, an increase in the transmission of diseases such as HIV and hepatitis among prisoners was recorded. The shocking but now sadly known fact, confirmed by the lawyer, is that during the period in which the law 49/2006 was applied, no positive data was recorded. The negative data, on the other hand, are the increase in complaints, the increase in detainees, the increase in reports for possession of drugs, the increase in suicides in prison. Recent changes in users' treatments have had positive consequences such as the decline in consumers in prisons and the protection of patients who treat themselves with cannabis. Access to antiretrovirals has become simpler, but there are still many HIV-positive people who cannot be cured even though there is a law that establishes the citizen's right to access health protection services.

Research Jurist (e-mail written interview).

Changes in DRUG POLICIES since 1991:
She works in the field of research and considers the changes in drug policies since 1991, which occurred above all with the entry into force of the Presidential Decree of October 9, 1990 and which contained the elimination of the discretionary concept of the modest quantity, have particularly concerned the discipline of the conduct on the cultivation, production, manufacture, etc., of soft and hard drugs. Then there was the 1993 referendum which sanctioned the non-punishment of consumers and the discretionary power of the judge was reintroduced on the concept of average daily dose. With the entry into force of the law 49/2006 in 2006, there was a tightening of the penalties for drug crimes and the abolition of the distinction between soft and hard drugs. Law 49/2006 was later declared unconstitutional by the Constitutional Court.

Changes in EFFECTIVE PRACTICES about DRUG LAWS since 1991:
Drug policy changes have depended on the dynamics of the market and the ease of applying sanction laws.
Surely the appearance of new drugs, unknown until now and harmful because sometimes unpredictable was the biggest change in the production / supply of drugs recently in Italy. These changes concern two types of drugs in particular: the Designer Drugs, or those substances created to circumvent the law in force and the Smart Drugs, drugs of natural or synthetic origin that contain active ingredients of natural origin such as caffeine which stimulates the nervous system, or eco-drugs derived from herbs or plants. The biggest change in Italy occurred in schools in the 1990s with a prevention work that was based on fear for a

long time, while now we have moved on to evidence tactics, showing the effects and results of a social nature deriving from the use of drugs. This prevention was mainly focused on the transition between soft and hard drugs.
The change of greatest impact regarding the treatments of the users was the passage from a single cure to a cognitive and behavioral treatment. These changes began in the 1990s also with the help of private associations. Access to treatments is not yet easy, bureaucracy and regulations do not allow for facilities in this area.

Worker in a recovery big private community for drug addicts and in prevention projects in the schools (face to face interview).

Question: what changes have you observed in the drug policies since 1991, what big changes?
Answer: In general, the most important changes in drug policies have taken place with Law 309/90, which has had the merit of giving a line to policies and standards for dealing with the problem of addictions. With this law a widespread network of services for the treatment of addictions and also a more careful monitoring was implemented. Furthermore, the very standards that the services must have to deal with the problems of drug addiction have been set and specific courses have been implemented to train staff, for example courses for social workers. However, after 2000 there was a reduction in funds and a lowering of the guard with consequent new dynamics such as the spread of new substances.
Question: what are the most appropriate key indicators for measuring the impact of actual drug law policies and practices?
Answer: there are various indicators: prevalence of substance use, age of first use, death from overdose, prevalence of diseases related to substance use.
Question: what do you consider to be the most important changes in drug production and supply since 1991? (eg changes in drug dealing or smuggling techniques / practices, drug dealers' profile, type of organization / network, shift to other drugs or other illegal activities, more / less violence ...)
Answer: law 309/90 does not actually punish those who hold a modest quantity of substances and this does not interrupt what is the small market circuit. In fact the small dealers, not distinguished from the pure consumers, from time to time accept to serve a few months in prison and then re-enter the criminal circuit. Furthermore, more and more the offer is widespread in meeting the demand and is more varied than in the past with for example the spread of new substances, the spread of non-injected heroin ...
Question: which do you consider to be the most important changes in drug use prevention since 1991? (eg: objectives, methods, target categories, types of operators ...)
Answer: with the law 309/90 many prevention programs have been implemented especially in schools. The network of these programs has been widespread and even the data that have come out of it has almost no equal in the world. Also in this case, after 2000 there was a reduction of funds and a lowering of the guard with consequences such as the resumption of the use of heroin that meets young people who are not strong in past experiences. It should be added that the non-blaming of the use of substances by the law favors a feeling of normality in the use of substances, ie lowering of the guard in the face of the danger of use. Also in this case the key indicators are prevalence, age of first use ...
Question: what do you consider to be the most important changes in the treatment of drug users? (eg: objectives, methods, target categories, types of operators ...)
Answer: the treatments have had changes over the years. In particular they try more to adapt to the personal situation of the treated subject and try more and more to consider, not only the detoxification of the subject from the substances, but also his reconstruction from the emotional, educational, relational and working partner point of view. Unfortunately, especially the public sector has not found sudden

responses to new emergencies; more social private.
The indicators for evaluating the treatment are those concerning social and work reintegration

The other interviews add nothing to what is reported above. Therefore these further interviews are not included in this short report for WP3 of Eranid-IDPSO and will never be published.