



Presidenza del Consiglio dei Ministri
Dipartimento delle politiche contro
la droga e le altre dipendenze

2025

Annual Report to the Parliament on Drug Addictions in Italy

2025

**Annual Report to the Parliament
on Drug Addictions in Italy**

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Building on the renewed format and graphic design introduced in 2024, this year's *Annual Report to the Parliament on Drug Addictions in Italy* presents a focused and informative overview of the phenomenon. Its lean layout and intuitive visuals ensure easy navigation through the wealth of data provided by national and local authorities, and private social organizations. Most importantly it provides perspective and insight on this past year.

Overall, the 2025 Report reveals several encouraging indicators, despite the limited timeframe and percentage values. For the first time since 2018 (excluding the pandemic years), drug use among youth has shown a slight decline, while access to treatment has remained relatively stable. This, however, should not be interpreted as lessening the seriousness of the risks entailed by commonly used substances such as cocaine, synthetic opioids, and new psychoactive substances (NPS), or the growing fragmentation of the drug market. Similarly, this does not undermine the widespread use of high-potency cannabis derivatives, which in fact continues to be driven by the persistent underestimation of their harmful effects.

The current challenges in the field of prevention, law enforcement, and addiction recovery call for multidirectional interventions, with some being in continuity with the past,

and others needing to be enhanced. As for continuity, law enforcement and judicial authorities continue their strong battle against drug trafficking, often in cooperation with their counterparts from other countries along the same drug routes. Over the decades, Italy has developed extensive experience and expertise in this field, along with a wealth of knowledge, making it a model for many other countries in terms of legal frameworks—both substantive and procedural—as well as of effectiveness of enforcement actions. Importantly, this does not criminalise individuals undergoing addiction treatment.

Meetings with government representatives from countries most affected by criminal drug trafficking—most notably at the annual United Nations Conference in Vienna held in March—highlight the extent of Italy's collaborative efforts, especially on behalf of its many institutional bodies, which are appreciated, especially by nations in South America and the Indo-Pacific region.

The intensification of efforts in recent years has not focused on legislative changes, but rather on prevention, care, and recovery. The Government has set a goal (shared and indeed exorted by all those involved in addressing addiction) of increasing available resources. For this reason, the 2025 budget law includes: a) a new Fund for the prevention,

monitoring, and contrast of behavioral addictions among younger generations; b) a Fund for pathological addictions, with explicit provisions allowing a portion to be used for hiring permanent healthcare and social-healthcare personnel for public addiction services; c) the strengthening of healthcare services provided by specialized residential facilities, both educational-rehabilitative and therapeutic-rehabilitative, aimed at enabling interregional mobility—previously hindered despite the clear benefit of undergoing treatment away from one’s home environment.

These resources are supplemented by funds from the “8 per 1000” tax allocation, which starting from 2023, citizens may designate under the “State” option to support initiatives for the “recovery from drug addiction and other pathological addictions.”

The 2024 data show that the use of cannabinoids, stimulants, and cocaine among students has declined compared to the previous year. This constitutes a minor yet notable reversal of prior trends and confirms the effectiveness of prevention initiatives carried out in communities and schools. Indeed initiatives such as awareness campaigns on the dangers of drug use and prevention of other forms of addiction (conducted with the support of law enforcement and sector professionals) are multiplying. Schools have also tried other ways of engaging

students starting from primary school, through competitions on addiction-related topics: the high participation rate and the quality of the projects confirm that focusing on education and training gives strategic depth to prevention efforts.

In such context, given the ease of access to substances (more than 40% of youth claim they can easily obtain drugs on the street, and about 20% through the web), families cover a key role. Youth who report having a trusting relationship with their parents, good communication, and positive self-esteem are less likely to engage in substance use. Not only do these factors lead youth to avoid drug use but they also contribute in reducing other at-risk behaviors.

Within the broader fight against drugs and addiction, particular attention is being given to new psychoactive substances—most notably fentanyl. Accordingly, in March 2024 the Government launched The National Prevention Plan against the misuse of fentanyl and other synthetic opioids. The plan has gained appreciation and is being used as a study model by those countries that are tragically facing fentanyl’s spread within their own borders.

This Report does not focus on the use of psychoactive substances alone: data for 2024 show that: one in three minors used tobacco, one in four experienced at least

one episode of alcohol intoxication, one in five engaged in at-risk behavior related to video games, and 17% displayed problematic and reckless internet use. The entire prevention and recovery system, beginning with institutions specifically dedicated to these issues, is fully aware of the harm and risks related to such addictions, which are no less severe than those caused by drug addiction.

This year marks the VII National Conference on Addictions, to be held in Rome in November 2025. Although the conference is foreseen to take place every three years, as mandated by the Consolidated Law on Drugs, sixteen years have passed since the last full scale event (a scaled-down version took place during the Covid period, though with lesser impact). This years’ event confirms once more the Government’s prioritization of the complex field of addictions.

While the Government acknowledges it does not have infallible solutions, it maintains that open and pragmatic dialogue is crucial to fostering the collective action needed to tackle these complex issues. What we are certain of is that no person—young or old—who is struggling with addiction should be marginalized or abandoned. This Report provides the factual and scientifically validated foundation upon which to build meaningful action in support of that certainty.

Alfredo Mantovano
Undersecretary to the Prime Minister’s Office

Summary

Stable market and new public health challenges

Data from 2024 illustrate a complex picture of the drug phenomenon in Italy. On one hand, the data confirm a substantial stability in the main epidemiological indicators, with access to treatment services showing no significant deviations compared to previous years. On the other hand, qualitative changes in the drug market are emerging, presenting new challenges for public health and safety.

Traditional substances such as cannabis, cocaine, and opioids continue to dominate the illicit market. However, a diversification of the supply persists, with the continued presence of New Psychoactive Substances (NPS), including synthetic cathinones, synthetic cannabinoids, and synthetic opioids. That said, available data confirm that while these substances pose significant health risks, fortunately, they have not, to date, shown widespread diffusion among the youth population. On the contrary, substance use among students is declining across nearly all categories.

Illegal substance use among youth: encouraging signs

Compared to 2023, substance use among students in 2024 has slightly declined, especially related to the more dangerous and complex substances. Specifically, cannabinoid use dropped from 22% to 21%, NPS from 6.4% to 5.8%, synthetic cannabinoids from 4.6% to 3.5%, stimulants from 2.9% to 2.4%, cocaine from 2.2% to 1.8%, and hallucinogens from 2.0% to 1.2%. Only opioids remained stable at 1.2%, continuing to be the most widespread drug among youth. This inversion in trends suggests an increased awareness

among youth of the risks related to drug use and would confirm the key role of prevention activities being carried out in schools and local communities.

New psychoactive substances among youth: requires surveillance despite low diffusion rate

In 2024, the rapid drug alert system NEWS-D identified 79 New Psychoactive Substances circulating nationwide. These substances mainly belong to the classes of synthetic cathinones (27%), synthetic cannabinoids (24%), phenethylamines (8%), and synthetic opioids (8%).

Of the reports from Italy, 32% involved traditional addictive substances already listed in DPR Table no. 309/1990, such as delta-9-THC, cocaine, methamphetamine, MDMA (ecstasy), amphetamine, heroin, LSD, psilocin, and GBL.

Within the planned actions outlined in the “National Prevention Plan against the abuse of fentanyl and other synthetic opioids,” launched in March 2024, NEWS-D collected and disseminated documents related to the identification of fentanyl and other synthetic opioids nationwide.

The central role of cocaine and crack

In 2024, about 11 tons of cocaine were seized in Italy: a significantly lower amount than previous years but still representing, for the fifth consecutive year, about one-quarter of all drugs seized nationally. Gioia Tauro port plays a crucial role in cocaine trafficking, accounting for 40% of total seizures in Calabria.

Cocaine remains one of the substances with the greatest health and social impact in Italy. It accounts for 35% of drug-related deaths (consistent with 2023), 30% of hospitalizations related to drugs (stable compared to the previous year). 23% of individuals accessing SerD addiction services are treated primarily for cocaine, with an additional 3.3% for crack. Cocaine is frequently associated with poly-substance use and is detected in 48% of lethal acute intoxications according to forensic toxicology data. Police analyses of seized samples show an increase in powder cocaine seizures since 2020, with average purity stabilised between 67% and 70%. Regarding crack, seizures have increased since 2019, with a significant rise in samples showing high active ingredient concentrations, up to 90% purity.

Meanwhile, cocaine and crack trafficking and possession charges (art. 73 of DPR 309/1990) have nearly doubled since 2000, rising from about 8,500 to 14,500; a similar trend is seen in charges for organised trafficking (art. 74 of DPR 309/90). Particularly concerning is the rise in charges involving minors: in 2024, a quarter of the minors charged (300 under 18) were reported for cocaine-related offences, a sharp increase compared to the early 2000s when this share was under 10%. Reports for personal use of cocaine and crack have also grown, accounting for about 25% of all annual reports for violations of Article 75 on drugs since 2020.

Contrary to the 2023 trend, 2024 saw a decline in cocaine use among very young people (15-19 years): 1.8% of students (around 45,000) used the substance during the year, down from 2.2% in 2023; about 10,000 (0.4% of the student population) report habitual use of at least 10 times per month. According to urban wastewater analyses, cocaine is the

second most consumed illegal psychoactive substance in Italy, with an estimated average of about 11 doses per day per 1,000 inhabitants, a slight increase compared to 2020-2022.

The widespread availability of cocaine is also having increasingly evident impacts on public health. In 2024, cocaine was the primary cause of 38% of new admissions to addiction services, which increases to 44% when also considering primary use of crack—a sharp increase from 31% in 2015. Cocaine, ahead of alcohol and tobacco, is the substance most frequently associated with poly-substance use, involving one-third of patients treated in SerDs, rehabilitation facilities, and among detainees with addiction.

This growing impact is also reflected in the healthcare system: in 2023, hospitalisations directly attributable to cocaine accounted for over 30% of drug-related hospital admissions, a figure that did not exceed 16% until 2015. Including all hospitalisations with diagnoses related to drug use, the percentage rises to 38%.

Forensic toxicological analyses also confirm a higher presence of cocaine. It is the third most frequently detected substance in toxicology screenings of drivers involved in road accidents or subjected to road checks arriving at emergency rooms, present in 4.3% of samples, rising to 9% in death cases. Often combined with other substances, cocaine significantly increases the risk of serious or fatal accidents.

In 2024, 35% of deaths directly verified by law enforcement were attributed to cocaine, reaching a historic high. This shows that in recent years, opioids are no longer the sole main cause of lethal acute intoxication deaths but have been progressively joined by cocaine and crack.

Forensic toxicological analyses confirm this trend: cocaine was detected in 48% of lethal acute intoxication cases analysed, while heroin appeared in 24%, highlighting cocaine's growing involvement in drug-related mortality.

Heroin and other opioids: primary substance for users in treatment, market decline

In the past year, Italy seized nearly 350 kilograms of heroin and other opioids, less than 1% of the 58 tons of drugs intercepted nationally, confirming a decline that started in 2019 and especially marked in the last two years. Charges for trafficking, illegal possession, and organised trafficking of heroin and opioids, which in 2024 accounted for about 4% of all drug-related charges, are sharply decreasing compared to about 20% in the early 2000s. The same trend is seen in reports for personal possession, which in recent years represent 3% of the total, versus 11% in 2010.

Looking at demand, heroin remains the primary substance for 59% of people currently in SerD care. Although still being the highest percentage, it is down from around 70% in the early 2000s. Most of these users have long-term follow-up, indicating an ageing treated population. This trend, along with younger users mostly in treatment for other substances, is a key factor in planning and organising service offers, especially for adapting territorial services. The percentage of people treated for opioid use in residential facilities remains stable.

Health consequences related to heroin and opioid use are showing a new trend. In 2024, for the first time, the number of deaths directly attributed to heroin, verified by

law enforcement, matched those related to cocaine use. These significant data raise important questions about the phenomenon's evolution and require close monitoring in the coming years to see if heroin will be progressively replaced by other synthetic opioids or opioid-based medications, considering also the decline in opium production likely due to cultivation bans by the Taliban in Afghanistan. Hospitalisation data related to drug use confirm this trend: 15% of cases in 2024 were attributable to heroin or other opioids, a clear decrease from 24% in 2013-2014 and 17% in 2022.

Cannabis: widespread use but slight decline

Cannabis remains the most widespread substance, with 21% of students having used it in the last year (down from 22% in 2023).

This substance accounts for 77% of personal use reports (stable data), 37% of drug dealing charges (slightly down), and is the primary substance for 13% of SerD users (unchanged). Seizures also declined: -36% for hashish and -29% for marijuana compared to 2023, despite a 10% increase in the number of operations. Wastewater analyses confirm cannabis and derivatives remain the most widespread psychoactive substances, with about 52 daily doses per 1,000 inhabitants, stable compared to previous years.

A notable element is the significant increase in THC concentration in hashish products, whose potency has quadrupled since 2016, especially in new generation formulations and e-cigarette liquids. Additionally, products declared as low

THC (under 1%) adulterated with synthetic cannabinoids – chemical substances that mimic THC effects and represent 24% of new psychoactive substances identified in Italy by NEWS.

In 2024, law enforcement agencies carried out 9,943 operations against cannabis trafficking, seizing over 46 tons of marijuana and hashish, representing 79% of all intercepted drugs nationwide. Despite a 10% increase in the number of operations compared to 2023, there was a marked decline in the quantities seized: -36% for hashish and -29% for marijuana. The seizure of over 150,000 cannabis plants also indicates a consolidation of domestic production, mainly in Sardinia, Calabria, and Apulia. On the administrative reporting front, cannabinoids remain central: representing 77% of reports for personal use possession (art. 75 of Presidential Decree No. 309/1990) in 2024. This percentage has remained steady between 76% and 80% since 2014, except for a slight fluctuation during the pandemic period.

Regarding criminal charges filed with the Judicial Authority for offences under Presidential Decree No. 309/1990, 37% (10,460) in 2024 related to possession of cannabinoids, primarily hashish (73%). Nearly all charges (99%) were for possession and dealing (Art. 73). Of those reported, 44% were youths under 24, and 8% were minors. Over the past ten years, the impact of cannabis on the healthcare system has grown, as shown by hospital admission data related to drug use. Currently, about 7% of hospitalisations directly linked to psychoactive substances are attributable to cannabinoid use. Broadening the scope to include any hospitalisation diagnosis related to cannabis, the percentage rises to 29%, up significantly from 17% in 2013. Forensic toxicology tests in 2024, conducted in emergency departments following accidents or roadside checks, found cannabinoids in 6% of cases, which represents 12% of substances involved in fatal road accidents. In terms of treatment, the percentage of people in care for cannabis-related issues remains steady: 13% in Addiction Services (SerD) and 7.6% in therapeutic communities. Among drug-dependent inmates, 12% primarily use cannabinoids.

Criminal justice: targeted focus on the trafficking chain

In 2024, there were 27,989 reports of drug law violations (Presidential Decree 309/1990, Articles 73 and 74) for trafficking and dealing. The vast majority (91%) concerned offences of trafficking, production, and illicit possession (Art. 73), while 9% related to conspiracy to traffic (Art. 74)—proportions that have remained stable for two decades. Analysing data by substance, cocaine/crack accounted for 52% of these reports, followed by cannabis and derivatives at 37%, heroin and other opioids at 4%, and synthetic and other drugs at 2% and 5%, respectively.

Services and Prevention: A Strong and Structured Network

SerD addiction services treated over 134,443 individuals in 2024 (+2.7% from 2023), while therapeutic communities registered around 23,977 individuals accessing services. Emergency rooms recorded 8,378 visits directly related to drug-related conditions, a slight 2.5% decrease from the previous year. 2024 also saw a notable strengthening of prevention projects, with widespread efforts in information, awareness, and risk prevention carried out by a complex network of public bodies (notably regional administrations and addiction departments) and private organisations, including associations and NGOs. Particularly significant were initiatives in lower and upper secondary schools, reaching a broad youth population more vulnerable to substance use. Throughout the year, 328 prevention projects were launched nationwide, most focusing on environmental and universal prevention aimed at enhancing knowledge, skills, and social abilities to counter psychoactive substance use and other at risk behaviours. Additionally, 60% of schools organised activities or awareness days focused on psychoactive substance use—a rising trend from 2023. Anti-bullying and anti-cyberbullying efforts were even more widespread: 87% of schools implemented targeted initiatives in response to a phenomenon that affected 47% of students as victims in 2024. The close collaboration between public and private actors,

combined with increasing attention to educational and community settings, remains a cornerstone of Italy's prevention system, built on strong local networks capable of adapting to regional needs and delivering coordinated, widespread, and increasingly effective health interventions.

Data and trends on at risk behaviours among minors: psychoactive substances, digital use, and gambling

In 2024, psychoactive substance use among underage students continues to reflect a complex and diverse picture involving both illegal and legal substances. Over 300,000 underage students reported using at least one illegal substance during the year, roughly one-fifth of the school population under 18, a figure slightly down from 2023 (23%).

This prevalence is also reflected in administrative reports for personal drug possession (Art. 75, Presidential Decree No. 309/1990): 11% of those reported in 2024 were minors, a rate stable since 2022, which marked the highest levels ever recorded. Cannabis and its derivatives accounted for 98% of substances mentioned in minor-related reports.

From a legal standpoint, minors charged with drug-related offences represented 4.3% of all national reports, 1,202 individuals under 18 years of age, remaining consistent with the previous year.

Legal psychoactive substances remain widely used: over 500,000 minors (33%) reported tobacco use in 2024, with higher prevalence among girls and little change from 2023. Binge drinking is also widespread: nearly 360,000 minors (24%) reported at least one episode of alcohol intoxication during the year, again with higher incidence among girls. The use of prescription drugs without a prescription is also significant: 180,000 minors (12%) used them in 2024, with usage among female students more than twice as high as among males.

Data evidence also other at risk behaviors related to digital use and leisure time. Over 180,000 minors (17%) exhibited problematic internet use, neglecting sleep and relationships. Cyberbullying involved 48% of students as victims and 33% as perpetrators, more common among males. Online “challenges” affected 1.6% of students, and “ghosting” impacted 30% as perpetrators and 27% as victims.

Video gaming presents further concerns: more than 290,000 minors (19%) showed at risk gaming behaviour, often tied to strong emotional reactions when interrupted. This is linked to the Hikikomori phenomenon: over 25,000 under-18 years (1.7%) experienced isolation lasting over six months, with another 2.3% reporting isolation between three and six months, often due to psychological, relational, or family difficulties.

Finally, a sharp rise was also observed for youth gambling. 59% of underage students reported having gambled at least once, and 55% did so in the past year. The most common forms were scratch cards and sports betting. Online gambling affected 11% of minors. At-risk (6%) and problem gamblers (4.7%) remained stable but often had overlapping deviant behaviours, including theft, vandalism, and drug use.

Antidrug operations

↑
21,299
(+3.5%)

Source: Ministry of Interior

Seizures

↓
Kg 58,268
(-35%)

↑ Marijuana 49% <small>(2023 = 45%)</small>	↔ Opiates/opioids 0.6% <small>(2023 = 0.3%)</small>
↔ Hashish 30% <small>(2023 = 31%)</small>	↔ Synthetic drugs 0.2% <small>(2023 = 0.2%)</small>
↓ Cocaine 19% <small>(2023 = 22%)</small>	↔ Other drugs 1% <small>(2023 = 1.3%)</small>

The % reported represents the amount of substance seized in relation to the total annual quantities

Source: Ministry of Interior

↔
154,819
Cannabis plants (-1.1%)

Source: Ministry of Interior

↑
124,147
Doses/Tablets (+225%)

↑ Synthetic drugs 82% <small>(2023 = 51%)</small>	↓ Other drugs 18% <small>(2023 = 49%)</small>
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Source: Ministry of Interior

Average % active ingredient (retail)

State Police		Carabinieri
↔ 15% <small>(2023 = 14%)</small>	Marijuana	13% <small>(2023 = 13%)</small> ↔
↔ 29% <small>(2023 = 29%)</small>	Hashish	30% <small>(2023 = 28%)</small> ↔
↔ 67% <small>(2023 = 71%)</small>	Cocaine	69% <small>(2023 = 72%)</small> ↔
↔ 88% <small>(2023 = 87%)</small>	Crack	88% <small>(2023 = 92%)</small> ↔
↔ 16% <small>(2023 = 19%)</small>	Heroin	8.8% <small>(2023 = 8,3%)</small> ↔
↔ 52% <small>(2023 = 58%)</small>	MDMA (powder)	67% <small>(2023 = 72%)</small> ↓

Sources: Ministry of Interior and Ministry of Defence

The symbols (↔, ↑, ↓) refer to the trend compared to the previous year

Average price (1st half of 2024)

Wholesale (€/kg)			Retail (€/gr)		
↔ 2.433 <small>(-28€)</small>	Marijuana	<small>(-0.87€)</small>	9.33 <small>(-0.99€)</small>	↔	
↓ 2.852 <small>(-110€)</small>	Hashish	<small>(-0.99€)</small>	10.77 <small>(-6.65€)</small>	↔	
↓ 36.247 <small>(-1.198€)</small>	Cocaine	<small>(-6.65€)</small>	76.90 <small>(-2.03€)</small>	↓	
↓ 20.299 <small>(-182€)</small>	Brown heroin	<small>(-2.03€)</small>	39.17 <small>(-1.67€)</small>	↔	
↑ 29.661 <small>(+186€)</small>	White heroin	<small>(-1.67€)</small>	52.12 <small>(+2.76€)</small>	↔	
↔ 7.782 <small>(-11€)</small>	Ecstasy	<small>(+2.76€)</small>	22.61 <small>(-1.47€)</small>	↔	
↑ 8.318 <small>(+508€)</small>	Amphetamine	<small>(-1.47€)</small>	26.32 <small>(+1.88€)</small>	↔	
↑ 10.958 <small>(+906€)</small>	LSD	<small>(+1.88€)</small>	25.17 <small>(+1.88€)</small>	↔	

The values in brackets indicate the change compared to the previous year

Source: Ministry of Interior

NEWS-D activities

↑
79
NPS reported to EUDA (+13%)

Source: ISS

Ministerial Tables

33
new substances included

Source: Ministry of Health

Consumption of at least one illegal substance in the past year among the student population

25% ↓ 2023: 28%	2023	2024
Cannabinoids	22%	21% ↓
Opiates/opioids	1.2%	1.2% ↔
Cocaine	2.2%	1.8% ↓
Stimulants	2.9%	2.4% ↓
Hallucinogens	2.0%	1.2% ↓
NPS	6.4%	5.8% ↓
Synthetic cannabinoids	4.6%	3.5% ↓
Unprescribed psychotropic drugs	11%	12% ↑

Source: CNR - IFC

Individuals in treatment at SerDs

↑
134,443
(+1.7%)

M 85%

F 15%

↔ New patients 12% <small>(2023 = 13%)</small>	↔ Cocaine/crack 27% <small>(2023 = 26%)</small>
↔ Opiates/opioids 59% <small>(2023 = 60%)</small>	↔ Cannabinoids 13% <small>(2023 = 12%)</small>

Source: Ministry of Health

Individuals in private treatment facilities

↓
23,977
(-8.2%)

M 83%

F 17%

↔ Cocaine 39% <small>(2023 = 39%)</small>	↔ Cannabinoids 7.6% <small>(2023 = 7,6%)</small>
↔ Opiates/opioids 26% <small>(2023 = 26%)</small>	↔ Alcohol 20% <small>(2023 = 20%)</small>

Source: Ministry of Interior

Detainees with drug-addiction

28,679
of which 39% new patients

Cocaine/crack 55%	Cannabinoids 12%
--------------------------	-------------------------

Opiates/opioids **23%**

Data are not comparable with the previous year due to changes in number and type of services provided

Source: Interregional Technical Working Group on Addictions

Alternative measures to detention

↑
4,218
31/12/2024 (+8%)

↔ 9.1% of total alternative measures approved <small>(2023 = 9.5%)</small>

Source: Ministry of Justice

Visits in Emergency Departments

↓
8,378
(-2.5%)

Source: Ministry of Heath

Admissions (2023 year)

↑
7,382
(+13%)

M 70%

F 30%

↓ Opiates/opioids 15% <small>(2022 = 17%)</small>	↑ Cannabinoids 6.5% <small>(2022 = 5.7%)</small>
↑ Cocaine 30% <small>(2022 = 25%)</small>	↔ Others 1.1% <small>(2022 = 1.2%)</small>

↓ Mixed/unspecified 47% <small>(2022 = 51%)</small>
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Source: Ministry of Health

The symbols (↔, ↑, ↓) refer to the trend compared to the previous year

Deaths

↔
231
(+1.8%)

↓ Opiates/opioids 35% <small>(2023 = 46%)</small>	↔ Unspecified 27% <small>(2023 = 28%)</small>
↑ Cocaine 35% <small>(2023 = 23%)</small>	↔ Other 3% <small>(2023 = 3,1%)</small>

Source: Ministry of Interior

HIV and AIDS in IDUs (2023 year)

↓
79
HIV (-19%)
↑
35
AIDS (+6%)

51% late AIDS diagnoses for 2022 and 2023

Source: ISS

Illegal activities DPR No.309/1990

36,960
reports for violations of art.75

↔ Cannabinoids 77% <small>(2023 = 76%)</small>	↔ Opiates/opioids 3.2% <small>(2023 = 3.9%)</small>
↔ Cocaine/crack 18% <small>(2023 = 19%)</small>	

Data are not comparable to the previous year as they are subject to continuous updates

Source: Ministry of Interior

↔
27,989
crimes for violations of artt. 73 and 74 (+0.3%)

(67% arrested)

↑ Cocaine/crack 52% <small>(2023 = 48%)</small>	↓ Heroin 4.3% <small>(2023 = 7%)</small>
↔ Cannabinoids 37% <small>(2023 = 37%)</small>	↔ Synthetic drugs 1.7% <small>(2023 = 1.3%)</small>
↓ Other drugs 4.8% <small>(2023 = 6.1%)</small>	

Source: Ministry of the Interior

21,083
detainees artt. 73 e 74

↔
34% of total prison population
(2023 = 34%)

The comparison with the previous year concerns the percentage of individuals incarcerated for drug-related crimes over the total prison population

Source: Ministry of Justice

In 2024, the police forces in Italy conducted **21,299 antidrug operations** of criminal relevance¹ – marking a 3.5% increase compared to the previous year – translating into the seizure of over **58 tons of narcotic substances** (35% decrease compared to 2023), **154,819 cannabis plants**, and **124,147 tablets/doses of narcotics** (three times higher compared to 2023). Among the substances seized, cannabis accounted for the largest part (79%), mostly in the form of marijuana (49%). This was followed by cocaine/crack (19%), heroin and other opioids (0.6%), with synthetic drugs representing 0.2% and other narcotic substances 1%.

Of the quantities seized, 32% were seized in the southern regions (mostly in Puglia and Calabria), 17% in the islands (mostly Sardinia), 20% in the central regions, and 32% in the northern regions. In relation to the resident population, an average of 131 kg of narcotic substances were seized for every 100,000 residents aged 15–74, with Sardinia reaching nearly 640 kilograms per 100,000 inhabitants.

Border areas represented key areas for drug seizures, with almost 19,000 kg of narcotics intercepted, equal to 32% of the national total (compared to 26% in 2023). At customs, the main seizures involved cocaine (over 6,000 kg), marijuana (over 11,000 kg), and hashish (approximately 750 kg). Most of the interceptions took place at seaports (81%), airports (16%), and land and internal borders (3%).

Cocaine

During 2024, the Police Forces conducted **9,502 operations** to contrast the cocaine market, equal to **45% of all antidrug operations of the year**. This data confirms a growing trend, from 24% in 2014 the to 42% in 2023. Cocaine seizures reached **11 tons**, representing 19% of the 58 tons of narcotic substances intercepted overall (22% in 2023). After the peak in 2022, when cocaine made up 34% of all substances seized, the situation returned to the levels of 2019-2020 (- 44% compared to 2023).

Border areas played a crucial role in seizures: approximately **6.2 tons of cocaine (56% of the total)** were intercepted at the entry points to Italy. Although this percentage is decreasing compared to previous years (when it fluctuated between 70% and 85%), maritime trafficking remains dominant: 95% of the cocaine seized at the border was blocked in ports.

¹ Source: Ministry of Interior - AntiDrug Services Directorate (DCSA)

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At a territorial level, 39% of the operations were concentrated in the northern regions, especially in Lombardy, leading to the seizure of 2.2 tons of cocaine, equal to 20% of the national total. However, the highest quantities were intercepted in the South and the Islands, where 28% of the operations led to the seizure of almost 6.5 tons (equal to 57% of the 11 tons total), mainly in Calabria, Campania and Sicily. Putting these percentages into relation with the resident population of Italy 15 to 74 years of age, this translates into 25 kg of cocaine seized per every 100,000 inhabitants. However, in some regions the values are significantly higher: in Liguria it reaches 72 kg per 100,000 residents and in Calabria 318 kg.

The regions with the largest seizures were Puglia and Lombardy, which together totalled 176 kg of seized heroin, over 50% of the national total. Considering the resident population, it means on average, **less than 1 kg of heroin** seized for **every 100,000 inhabitants** between the ages of **15 and 74**. However, in Puglia this value rises to almost 3 kg for every 100,000 residents, making it the area with the highest incidence of seizures of this substance.

Cannabis

In 2024, the **9,943 police operations** to counter the market of cannabis and derivatives (**47% of all antidrug operations** conducted in Italy) led to the seizure of **over 46 tonnes** of cannabis products, a decrease compared to the almost 68 tonnes in 2023, which represents **79%** of the total substances intercepted. Of these, **12 tonnes** were stopped in **border areas** mainly along maritime routes, which remain the main entry point into the country. Of the 46 tonnes of cannabis products seized, 62% were marijuana and 38% hashish.

The **antidrug operations** aimed at contrasting the **marijuana** market, in 2024 totalled **2,378** (equal to **11%** of the amount nationwide), leading to the seizure of **almost 29 tons** of marijuana, representing 49% of the total narcotic substances intercepted (45% in 2023). Seizures in **border areas** mainly concerned sea and air routes, respectively for 46% of the total **11 tons** intercepted along borders.

Marijuana-related operations mainly occurred in the southern and island regions, representing 46% of the specific activities conducted nationwide. Seizes accounted for 18.5 tons of marijuana, equal to 60% of the national total, with Puglia and Sardinia among the regions with the highest quantities seized. Considering the quantity seized in relation to the resident population in Italy, this translates into approximately

65 kg of marijuana for every 100,000 inhabitants in the 15 to 74 age group, with the amount exceeding 300 kg for every 100,000 residents in Calabria and in 600 kg Sardinia.

With regard to the contrast to the **hashish** market, **7,095 police operations** were carried out, equal to 32% of the total antidrug operations, leading to the seizure of **17.4 tons** of the substance (corresponding to 30% of the over 58 tons of narcotics seized in Italy in 2024). In the **border areas**, **757 kg** of hashish were seized (4.4% of the amount nationwide), with the maritime border continuing to represent the main border access route, with 96% of the overall substance seized. The regions most involved in hashish trafficking are the northern ones, in which 52% of the operations and 42% of the quantities seized were concentrated, especially in Lombardy; followed by the regions of central Italy, where 26% of the operations and 39% of the seizures were recorded, especially in Lazio. The remaining 22% of operations and 19% of seized substances concerned the southern and island regions. Considering the quantities seized in Italy in relation to the inhabitants, this meant an average of **39 kg of hashish for every 100,000 residents between 15 and 74 years of age**, a amount that rises to 59 kg in Liguria and 129 kg in Lazio.

As for **antidrug operations** aimed at combating the **cannabis plant** market, in 2024 these were **470**, equal to **2.2%** of 21,299 nationwide. Of these police operations, 34% occurred in the southern and island regions, accounting for 90% of the plants intercepted (132,584 plants), especially in the regions of Sardinia (65%), Calabria (11%) and Apulia (10%). This translates into an average of **349 cannabis plants every 100,000 residents between 15 and 74 years old**, which increases up to 1,203 units for every 100,000 inhabitants in Calabria and 8,341 plants in Sardinia, confirming a widespread diffusion of illicit cultivation in these areas.

Synthetic drugs

The **police operations** aimed at combating synthetic drug trafficking, which in 2024 were **379** (almost 2% of the total antidrug actions conducted in Italy in the year), led to the seizure of **101,599 doses** and **89 kg of synthetic substances**. Compared to 2023, there was a significant increase in the number of doses intercepted (which were 38,210), while the quantity in powder decreased (in 2023 it was 139 kg). 86% of the synthetic drugs in doses/tablets were intercepted in Campania and 4% in Lombardy; 59% of the quantities in powder in the regions of Lazio (35%) and Lombardy (24%).

The **border areas** played a crucial role in the seizures, with 30 kg of powdered substances and 87,025 doses intercepted, equal to 33% and 86% respectively of the total quantities in powder and doses seized. Powdered substance were all seized at air route border access points, while all doses were seized at maritime accesses.

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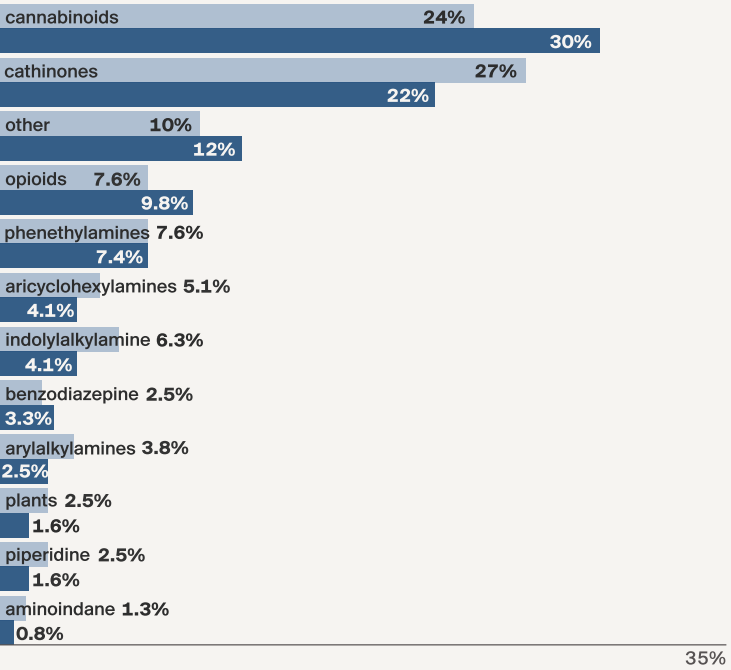
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Table 1.1.
Supply of psychoactive substances during 2024

New psychoactive susbtances identified



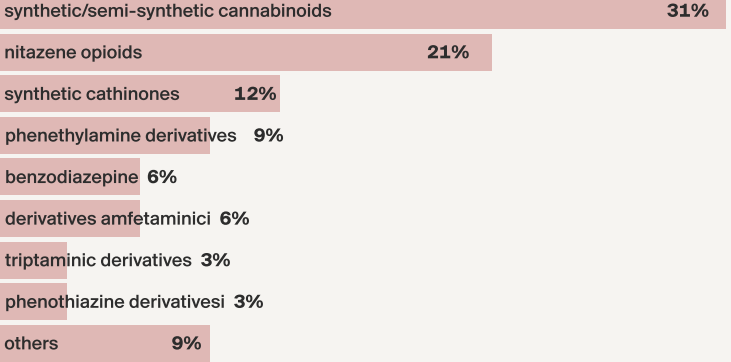
Classification of substances identified in **Italy** and across **Europe**



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new substances included
in the Ministerial Tables

Classification of new susbtances included

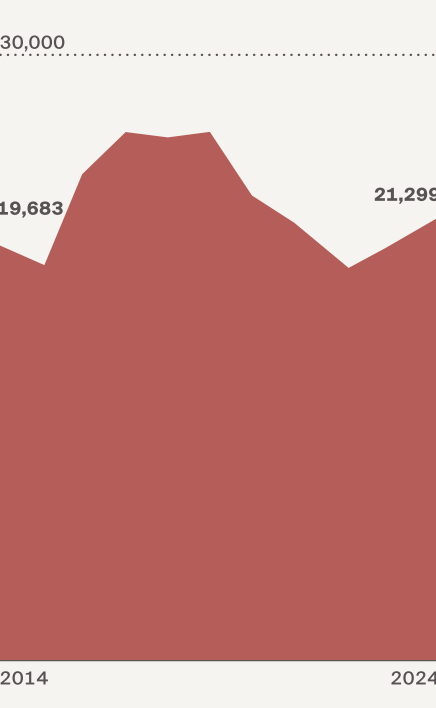


Due to rounding of number the sum of the percentage values could be between 99.1% and 100.9%
Sources: National Institute of Health - National Centre for Addictions and Doping;
Ministry of Health - former General Directorate for medical devices and pharmaceutical supply -
Central office for psychoactive substances

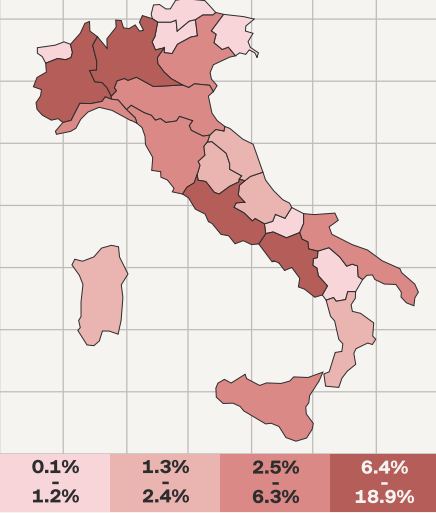
Antidrug operations carried out



Temporal trend

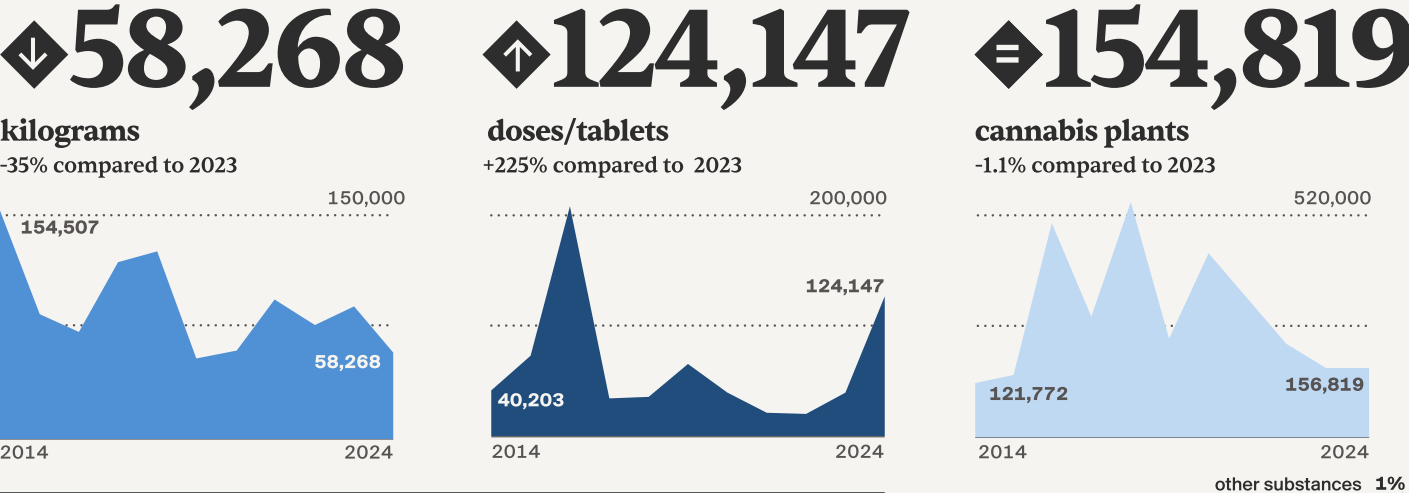


Percentage of operations by area

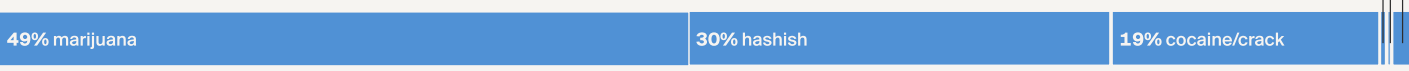


Source: Ministry of Interior – Central Direction for Antidrug Services (DCSA)

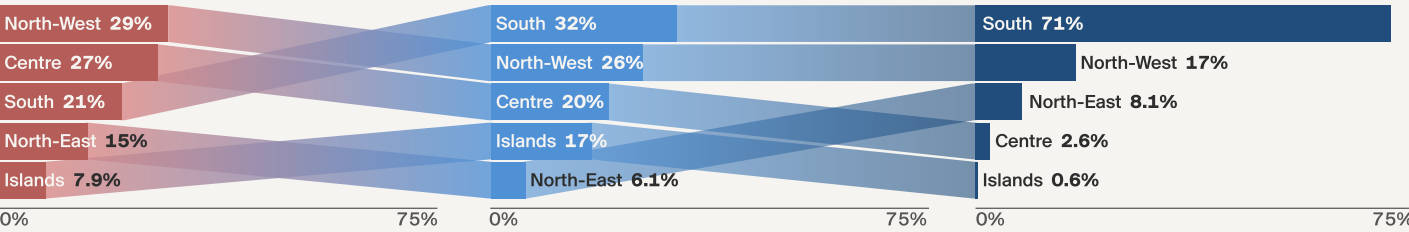
Amounts seized



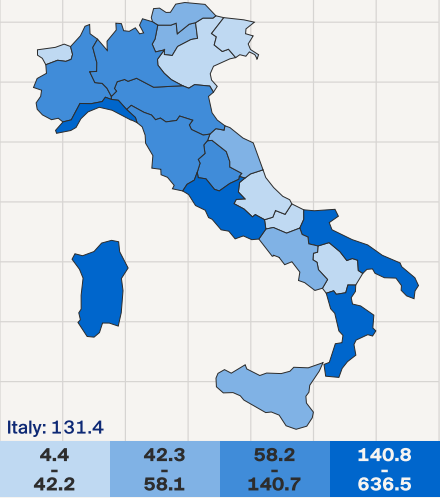
Distribution of quantities (kg) seized by substance



Distribution by geographical area of **operations**, **kilograms** and **doses** seized

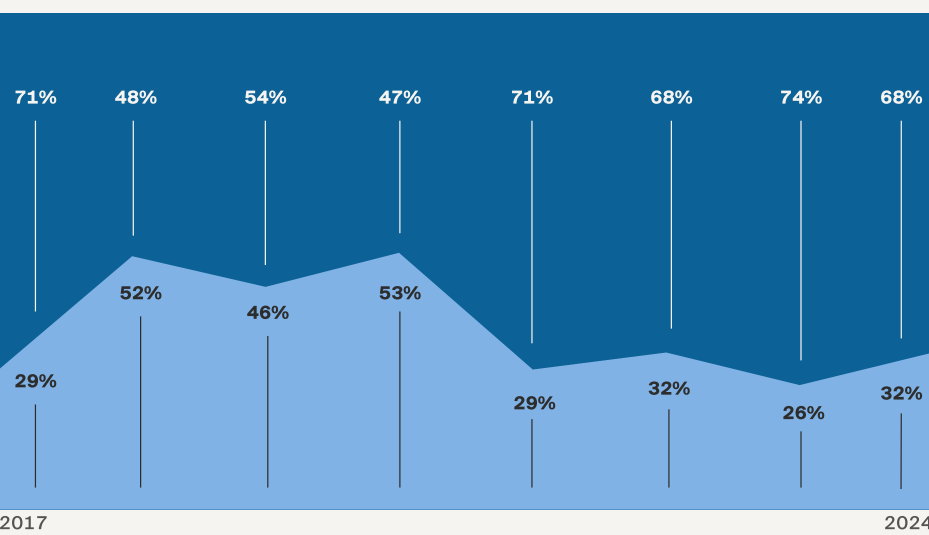


Amounts seizures (kg)
per 100,000 residents (15-74 years)



Due to rounding of number the sum of the percentage values could be between 99.1% and 100.9%
Source: Ministry of Interior – Central Direction for Antidrug Services (DCSA)

Amounts seized (kg) by **border areas** or **territory**



In criminal proceedings related to violations of Articles 73 and 74 of Presidential Decree No.309/1990, and in some cases also in administrative proceedings under Article 75, the Judicial Authority generally requests qualitative and quantitative analyses of seized narcotic substances. These analyses aim to identify the active principle and verify if the substance falls within the ministerial tables of narcotic substances.

Analyses carried out by the Scientific investigations police² and those of the Carabinieri³ allow for the calculation of the active ingredient content and its corresponding quantity in grams. These analyses highlight significant variability in the purity of substances seized on the illicit market. This variability is influenced not only by the type of seizures (large consignments versus retail/street seizures) but also by the diversification of supply.

In recent years, the **drug dealing market** has exhibited a **progressive rise in the average tetrahydrocannabinol (THC) concentration** within cannabis resin products. Hashish now typically contains 29-30% THC, with marijuana leaves and inflorescences at 13-14%. This escalation is underscored by an increasing number of seizures yielding hashish with over 30% THC, and in some instances, cannabis extracts surpassing 95%. These potent products may be found in different forms, including light beige powders, amber or brown pasty gels (Shatter or Butane Hash Oil), or vaporizable liquids for e-cigarettes. Moreover, it has also highlighted a

new phenomenon, that is of the spread of hashish with a THC content below 1%, which is adulterated with hexahydrocannabinol (HHC). HHC was recently added to Table I of Presidential Decree No.309/1990, effective July 2023.

Furthermore, laboratory analyses conducted by law enforcement on retail market seizures indicate a pronounced rise in the number of **crack** (cocaine base) samples containing a **high active principle concentration**, approximately 90%. This observation corroborates a distinct **upward trend** for crack purity noted since 2020-2021. Concurrently, while the volume of seized **cocaine samples** has progressively increased, their **active ingredient concentration** has remained consistently within the **67% to 70%** range over the past few years.

²Source: Ministry of Interior – Anti-Crime Police Directorate - Scientific Police
³ Source: Ministry of Defence - Carabinieri Corps - Scientific Investigation Grouping

Regarding other narcotic substances, active ingredient levels tend to vary considerably, partly due to the different methodologies adopted by law enforcement in considering the case samples analysed.

Heroin: Samples analysed by the Scientific Police show an average purity of around 16%, while those examined by the Carabinieri laboratories register approximately 9%. Both law enforcement agencies have noted a decreasing trend in the active principle concentration of analysed heroin samples over recent years.

MDMA: In powder and dose-form samples, the Scientific Police found an average active principle percentage of 52% and an average of 124 mg per dose. The Carabinieri laboratories, however, recorded slightly different values: around 70% active principle and approximately 37 mg per dose.

Methamphetamine: Both law enforcement agencies agree on an average purity of approximately 60%. In general, for both MDMA and methamphetamine, a certain stability in average active ingredient levels has been observed in recent years.

In the **narcotrafficking market** (defined by seizures exceeding 1 kg or 1,000 units/doses), laboratory analyses conducted by the Carabinieri reveal fairly stable data over recent years.

For **hashish** and **marijuana**, the average active ingredient content remains around 30% and 11% respectively. These values are consistent with those found in the retail drug dealing market and show no significant variations in recent years.

Heroin samples have shown an average 7% purity, while **cocaine** samples the purity level is around 76-80%. Consistent with retail market trends, these values indicate a reduction in average purity for heroin and substantial invariability for cocaine in recent years.

As for analyses performed on seized **ecstasy** samples in dose form, the average concentration is approximately 40 mg of MDMA per dose.

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<h2>Profile of the drug market and trends in pricing</h2>					
<p>In 2023, according to estimates produced by Istat⁴, spending on drug consumption in Italy reached 17.2 billion euros⁵: 38% was linked to the consumption of cannabis derivatives and 28% to cocaine.</p> <p>In September 2024, with the general revision of the national accounts, Istat updated the estimates, introducing new sources and making some methodological adjustments. The estimates produced for 2023 do not differ from those referred to 2022, as spending remained stable. According to this estimates, spending in 2021 was 15.5 billion euros, signalling a slight decline compared to the pre-pandemic years. Already in 2022, however, the figure started to rise again, returning to 2019 levels.</p> <p>The Central Directorate for Antidrug Services (<i>Direzione Centrale Servizi Antidroga</i>, DCSA)⁶ provides estimates of the market prices of narcotic substances based on data from 11 sample cities and differentiates their costs based on the sales channel: dealing and trafficking.</p> <p>In the drug dealing market, the average prices per gram in the first half of 2024 stood at approximately 10.77 euros for hashish, 9.33 euros for marijuana, 39.17 euros for brown heroin, 52.12 euros for white heroin and 76.90 euros</p> <p>for cocaine. As for the average price per single dose, the values recorded were 22.61 euros for ecstasy, 26.32 euros for amphetamines, 34.99 euros for methamphetamines and 25.17 euros for LSD.</p> <p>Compared to the previous year, in the first half of 2024 there was a decrease in the average retail prices for marijuana, hashish, heroin (both white and brown), cocaine and amphetamines. On the contrary, there was an increase in prices for ecstasy, methamphetamines and LSD.</p> <p>In addition, data are now also for the first half of 2024 with the prices of substances that had previously not been reported: the average price for crack was approximately 57 euros per gram, and 25 euros per gram for 6-acetylmorphine (6-MAM) and ketamine.</p> <p>In the drug wholesale market, in the first half of 2024, hashish was sold for around 2,852 euros per kilogram, while marijuana stood at an average price of 2,433 euros per kilogram. White heroin (diacetylmorphine hydrochloride) reached 29,661 euros per kilogram, while brown heroin (diamorphine base) had an average price of 20,299 euros per kilogram; for cocaine, the average price was 36,247 euros per kilogram. Conversely, average prices of synthetic substances for 1,000</p> <p>doses were as follows: 15,151 euros for methamphetamines, 8,318 euros for amphetamines, 7,782 euros for ecstasy and 10,958 euros for LSD. Furthermore, in the first half of 2024, the average prices recorded in the drug trafficking market for ketamine and gamma-butyrolactone (GBL) stood at approximately 7,000 euros per kilogram and 253 euros per litre, respectively.</p> <p>The decrease in prices seen last year for marijuana, hashish, and cocaine were confirmed in the first half of the year. In particular, the average price of cocaine, which had been stable since 2018 at around 38,500 euros per kg, fell below 37,000 euros per kg, still confirming its position as the most expensive substance. After the increases recorded in 2023, the average price of LSD continued to rise, that of brown</p> <p>heroin decreased slightly, while those of white heroin and ecstasy remained almost stable. As for other stimulant substances, after a significant drop last year, prices per 1,000 doses of amphetamines and methamphetamines recorded a significant increase.</p>					
<div><div>⁴ Source: ISTAT - Department for Statistical Production - Central Directorate for National Accounts</div><div>⁵ Preliminary data</div><div>⁶ Source: Ministry of Interior - Antidrug Services Directorate (DCSA)</div></div>					
<div><div>25</div><div>26</div></div>					

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National Early Warning Drug System for Drugs and updating of Ministerial tables

The National Early Warning System (*Sistema Nazionale di Allerta Rapida per le Droghe*, NEWS-D)⁷ aims at identifying phenomena potentially dangerous for public health related to both New Psychoactive Substances (NPS) circulating on the national, European and international territory, and the new ways of consumption and/or presence of adulterants, dangerous additives or other pharmacologically active substances that concern psychotropic substances already included in the Tables of Presidential Decree No.309/1990. Monitoring by NEWS-D has the objective of supporting the activation of rapid response actions through the active and timely involvement of the bodies and structures responsible for the safeguard and promotion of consumer health.

In 2024 there were 437 new entries into the System (input). Of these reports, 243 were received from the police, 123 from collaborating centres (belonging in particular to Clinical and Scientific Toxicology, Universities, Health Authorities and Poison Control Centres) and 71 were reports from the European Union Drug Agency (EUDA): among these, 34% are highly informative in relation to health and social risk, as in the case of the identification of counterfeit drugs such as nitazene opioids, some of which caused episodes of mass intoxication in Ireland, outbreaks of acute intoxication associated with the consumption of food products containing semi-synthetic cannabinoids and UK deaths associated with the consumption of nitazene opioids.

In 2024 NEWS-D identified 79 NPS circulating in Italy. The substances mainly belong to the classes of synthetic cathinones (27%), synthetic cannabinoids (24%), phenethylamines (8%) and synthetic opioids (8%).

32% of incoming reports from Italy concerned traditional substances of abuse, already included in the Tables of Presidential Decree No.309/1990, such as delta-9-THC, MDMA (ecstasy), heroin, cocaine, amphetamine, methamphetamine, LSD, psilocin, GBL, etc. Noteworthy of attention are the reports of seizures of “pink cocaine”, a combination of MDMA and ketamine generally in the form of a pink powder, which may contain also other psychoactive substances such as phenethylamines (generally 2C-B), synthetic cannabinoids (e.g. ADB-BUTINACA), synthetic cathinones (e.g. alpha-PHP) and cutting agents (e.g. caffeine).

Incoming reports from EUDA addressed a total of 47 NPS identified for the first time in Europe, belonging to the classes of synthetic cannabinoids (n=20), synthetic cathinones (n=7), synthetic opioids (n=7), phenethylamines (n=3), benzodiazepines (n=2), aricyclohexylamines (n=1) and other (n=7). Among these, the synthetic cannabinoid Delta-8-THC-O acetate, the synthetic cathinone 3,4-EtPV and the nitazene opioid F-etonitazepine, were identified by Italian law enforcement.

In 2024, of the 68 communications intended for the Collaborating Centres produced by NEWS-D (output), 15 were pieces of information provided by the police forces regarding 59 new psychoactive substances circulating in the national territory, most of which belong to the classes of synthetic cathinones (n=17) and synthetic cannabinoids (n=11).

Furthermore, among the outputs there were 22 Alerts (urgent warnings that imply a coordinated action to activate the appropriate response procedures): 7 first degree, 11 second

degree and 5 third degree. Of the second degree Alerts, 73% (n=8) reported to NEWS-D addressed information on **79 cases of acute intoxication** in Italy related to the consumption of NPS; in 65% of the cases (n=51) the intoxication was related to the consumption of the synthetic cathinone MDPHP, also responsible for one death (n=1) reported to the System.

As part of the actions envisaged in the “National prevention plan against the improper use of Fentanyl and other synthetic opioids”, activated in March 2024 by the Department of Drug and Other Addiction Policies of the Presidency of the Council of Ministers, NEWS-D has collected and distributed to the national network 8 documents relating to the identification of fentanyl and other synthetic opioids on the national territory: seizures of pharmaceutical products based on synthetic opioids such as fentanyl, oxycodone, and tilidine removed from legal distribution channels and placed on the drug market (n=4), one case of death from oxycodone from mixed intoxication with methadone and cocaine (n=1), the identification of the nitazenic opioid protonitazene in a seizure on the national territory (n=1) and the identification for the first time in Italy of street heroin adulterated with fentanyl.

The Consolidated Law on narcotic and psychotropic substances (Presidential Decree No.309/1990) establishes that the **Ministry of Health**⁸ periodically update the Tables of narcotic and psychotropic substances, in alignment with the opinion by the National Health Institute (*Istituto Superiore di Sanità* - ISS) and the Higher Health Council (*Consiglio Superiore di Sanità* - CSS) and with international conventions on drugs

and the most recent scientific advancements. In recent years, this activity has taken on an increasingly important role in the fight against the spread of **NPS**. The activity of **updating the Tables** is key in protecting public health from the risks posed by illicit psychoactive substances on national and international markets.

In 2024, the Ministry of Health received a total of 68 reports from the National Early Warning System, relating to numerous substances, some of which are already under control in Italy. **Nine Ministerial Decrees** have been issued **to update the 33 substances which are still not subject to regulation**, mostly belonging to the classes of synthetic/semisynthetic cannabinoids, synthetic cathinones and nitazene opioids.

Furthermore, following the classification of 4-AP, 1-boc-4-AP, ANPP, norfentanyl and NPP as drug precursor as foreseen by the accordance with European regulations (EU 2023/196 and EU 2018/729), the Ministry issued Ministerial Decree of 20 June 2024.

⁷ Source: National Institute of Health – National Centre for Addictions and Doping

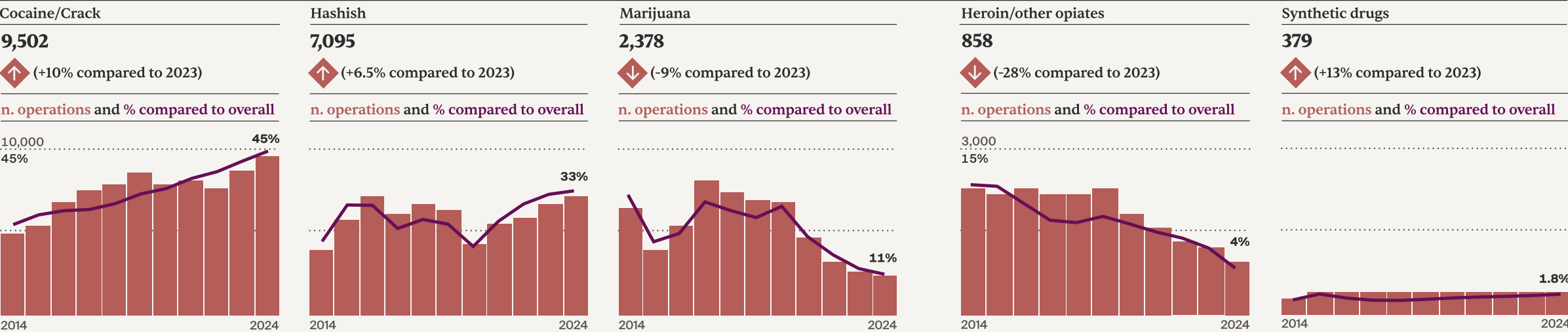
⁸ Source: Ministry of Health - former Directorate General for Medical Devices and Pharmaceutical Service - Central Narcotics Office

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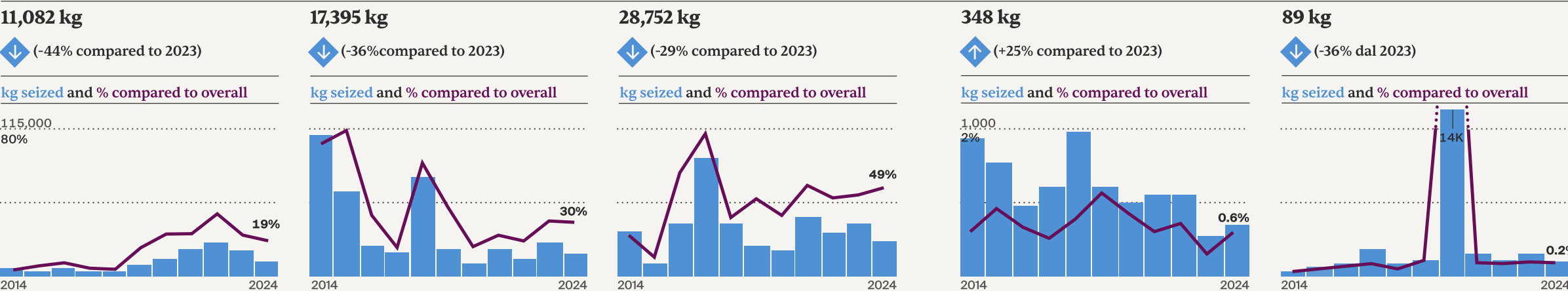
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Table 1.2.
Supply of psychoactive substances and market characteristics

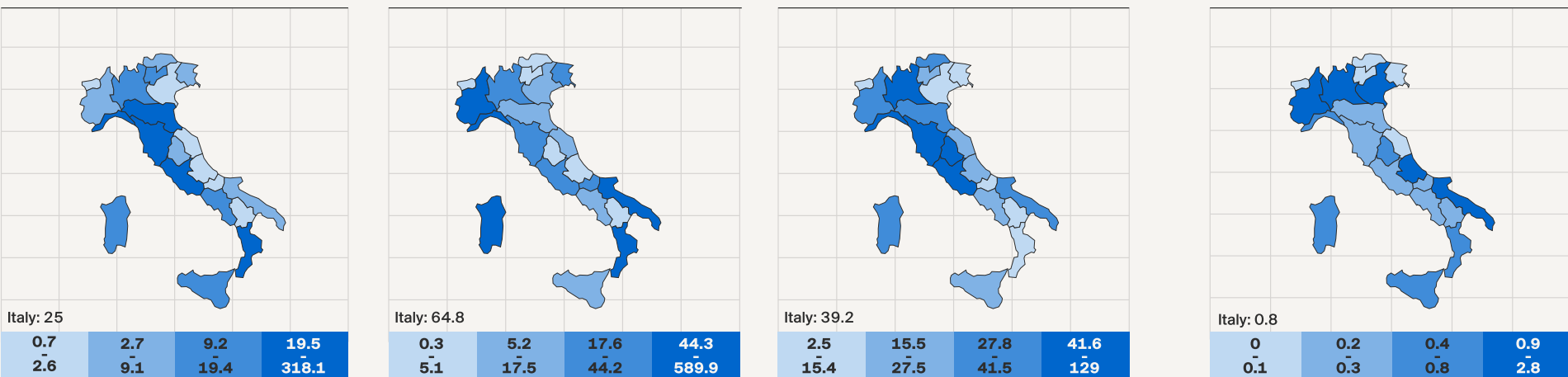
Antidrug operations during 2024



Seizures of psychoactive substances in 2024



Kg seized per 100,000 residents (15-74 years)

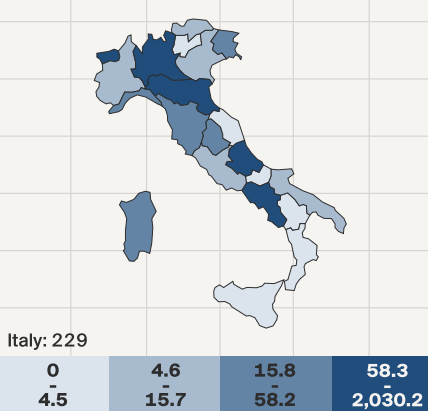


Source: Ministry of Interior – Central Direction for Antidrug Services (DCSA)

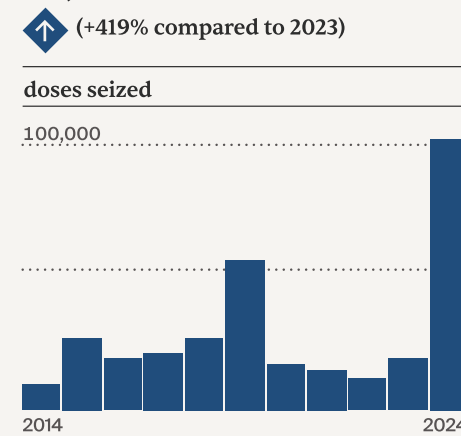
Expenditure for purchase of psychoactive substance in 2023



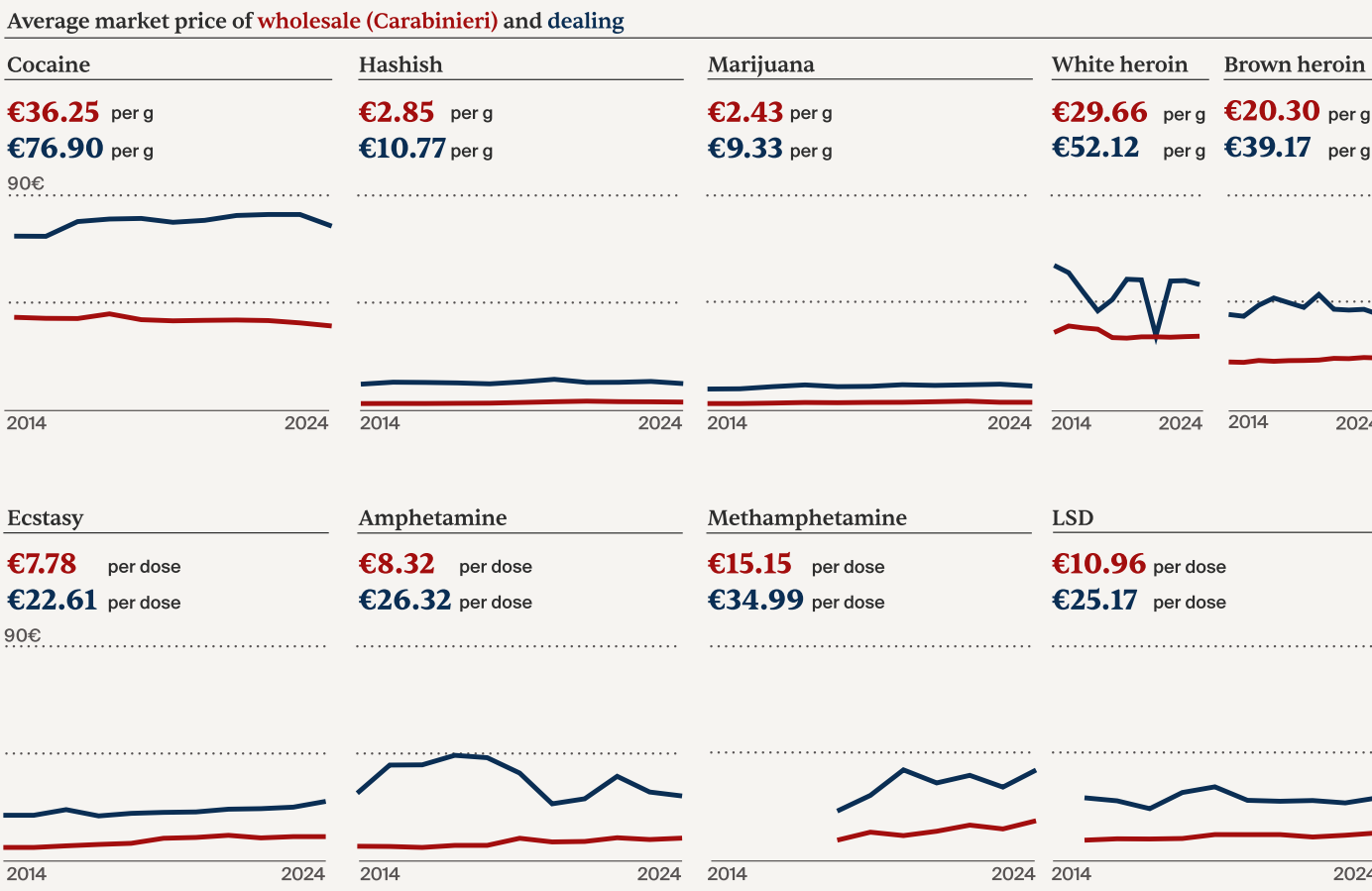
doses per 100,000 residents (15-74 years)



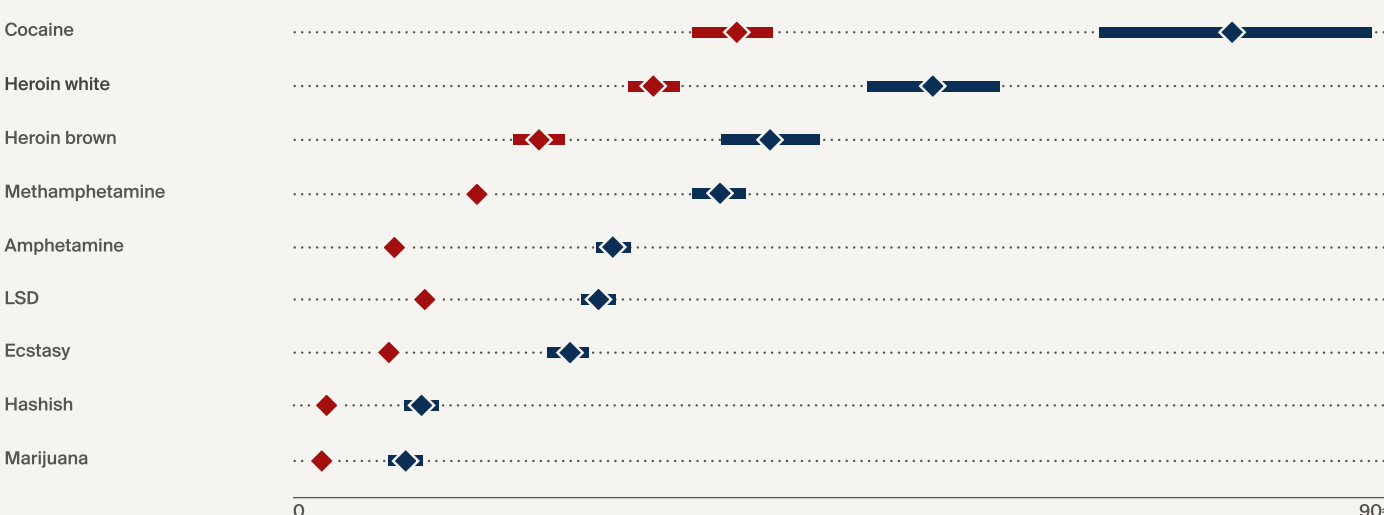
101,595 doses seized



Drug market and prices during 2024 *

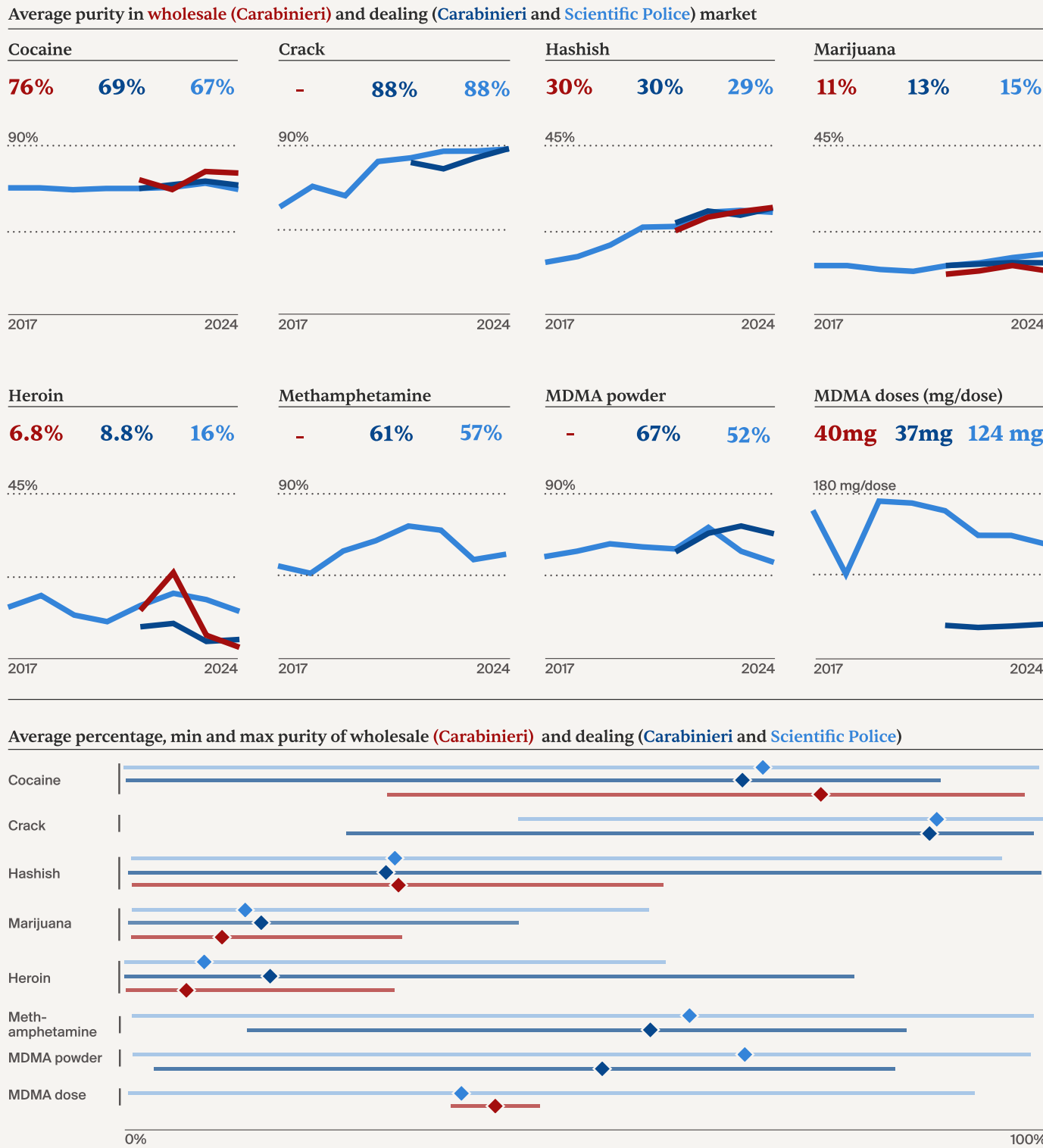


Average, minimum, and maximum price of wholesale and dealing



* The 2024 prices are referred to the first semester
Source: Ministry of Interior – Central Direction for Antidrug Services (DCSA)

Qualitative and quantitative analyses of psychoactive substances seized during 2024



Sources: Ministry of Interior – Anticrime Police Directorate - Scientific Police; Ministry of Defence – Carabinieri Corps - Scientific Investigation Grouping

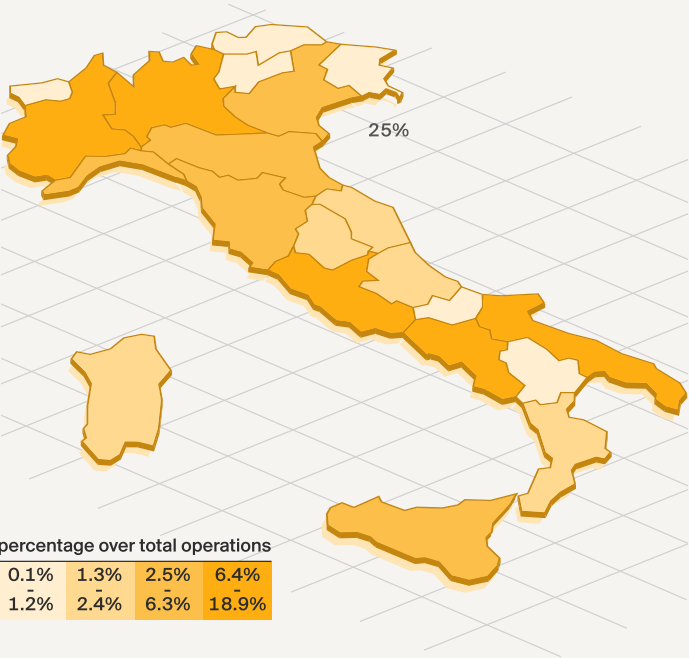
Antidrug operations during 2024

Cannabinoids

Cocaine/Crack

Heroin/other opiates

Percentage over total operations

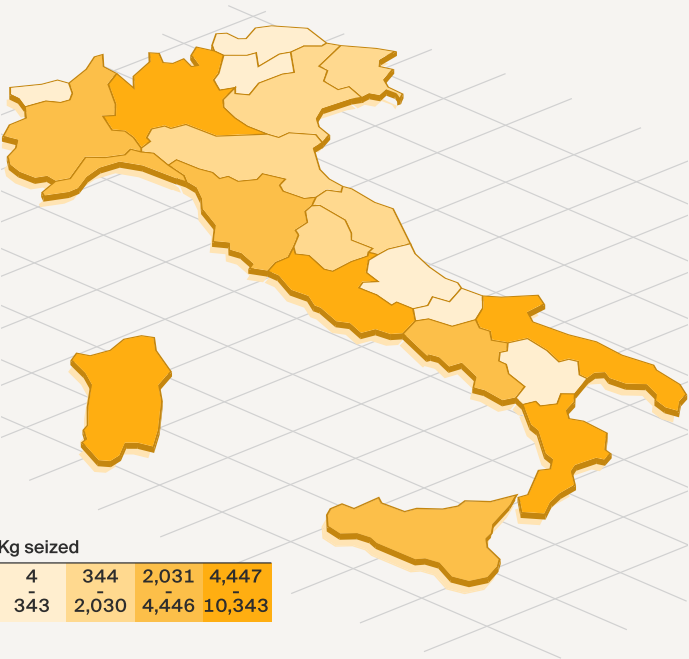


21,299 operations conducted

Percentage over total operations			
Lazio	19%	Sicily	5.6%
Lombardy	18%	Tuscany	4.7%
Campania	9.3%	Liguria	3.4%
Piedmont	6.8%	Calabria	2.4%
Apulia	6.3%	Sardinia	2.3%
Veneto	6.3%	Marche	2%
Emilia Romagna	5.9%	Abruzzo	2%
		Umbria	1.7%
		Friuli Venezia Giulia	1.2%
		AP Bolzano	1.1%
		AP Trento	0.9%
		Basilicata	0.5%
		Molise	0.4%
		Valle d'Aosta	0.1%

Amounts seized during 2024

Kg seized and percentage over total by substance



58,268 Kg seized

Kg seized			
Apulia	10,343	Sicily	2,108
Lombardy	8,413	Campania	2,070
Lazio	8,248	Liguria	2,048
Sardinia	7,657	Emilia Romagna	2,030
Calabria	5,552	Veneto	768
Piedmont	4,446	Marche	493
Tuscany	2,474	Friuli Venezia Giulia	373
		Umbria	372
		Abruzzo	343
		AP Bolzano	219
		AP Trento	186
		Molise	66
		Basilicata	57
		Valle d'Aosta	4

Consumption patterns and trends

In 2024, nearly 910,000 young people aged 15 to 19 (representing 37% of the student population) reported having used an illegal psychoactive substance at least once in their lifetime; of these, 620,000 students (25%) within the last year. Substance use was more common among males (28%) than females (22%). Both figures are in slight decline compared to the previous two-year period.

660,000 students (27%) reported having used **cannabis** at least once in their lifetime, with **520,000 (21%)** doing so in the last year. For 67,000 students (2.7%), cannabis use was frequent (20 or more times in the month). Compared to the previous year, the percentage of frequent users remained stable, while the percentage of students reporting both use of cannabis during lifetime and past-year declined. Cannabis use prevalence increased with age and was higher among male students compared to female peers. Over 60%

of users tried cannabis for the first time between 15 and 17 years of age, while more than 35% tried by the age at 14 (an increase compared to 29% in 2023).

Slightly over 280,000 students (12%) reported having used at least one **new psychoactive substance (NPS)** in their lifetime, and about **140,000 (5.8%)** to having used one in the past year. The most commonly used NPS include synthetic cannabinoids (5.5%), synthetic opioids (2.8%), and ketamine (1.5%). The use of synthetic cannabinoids and ketamine tends to increase with age, reaching higher prevalences among 18-year-olds. Conversely, the use of synthetic opioids shows the opposite trend, with higher prevalences among 15-year-olds. For all other NPS, prevalences remained stable regardless of age. Male consumption remained higher than female consumption, and in 2024, the use of these substances declined. Again, the consumption of substances belonging to the synthetic opioid group shows a counter-trend, with use among females being higher than that of their male peers, and a significant increase that brings prevalence back to the maximum levels observed in 2015.

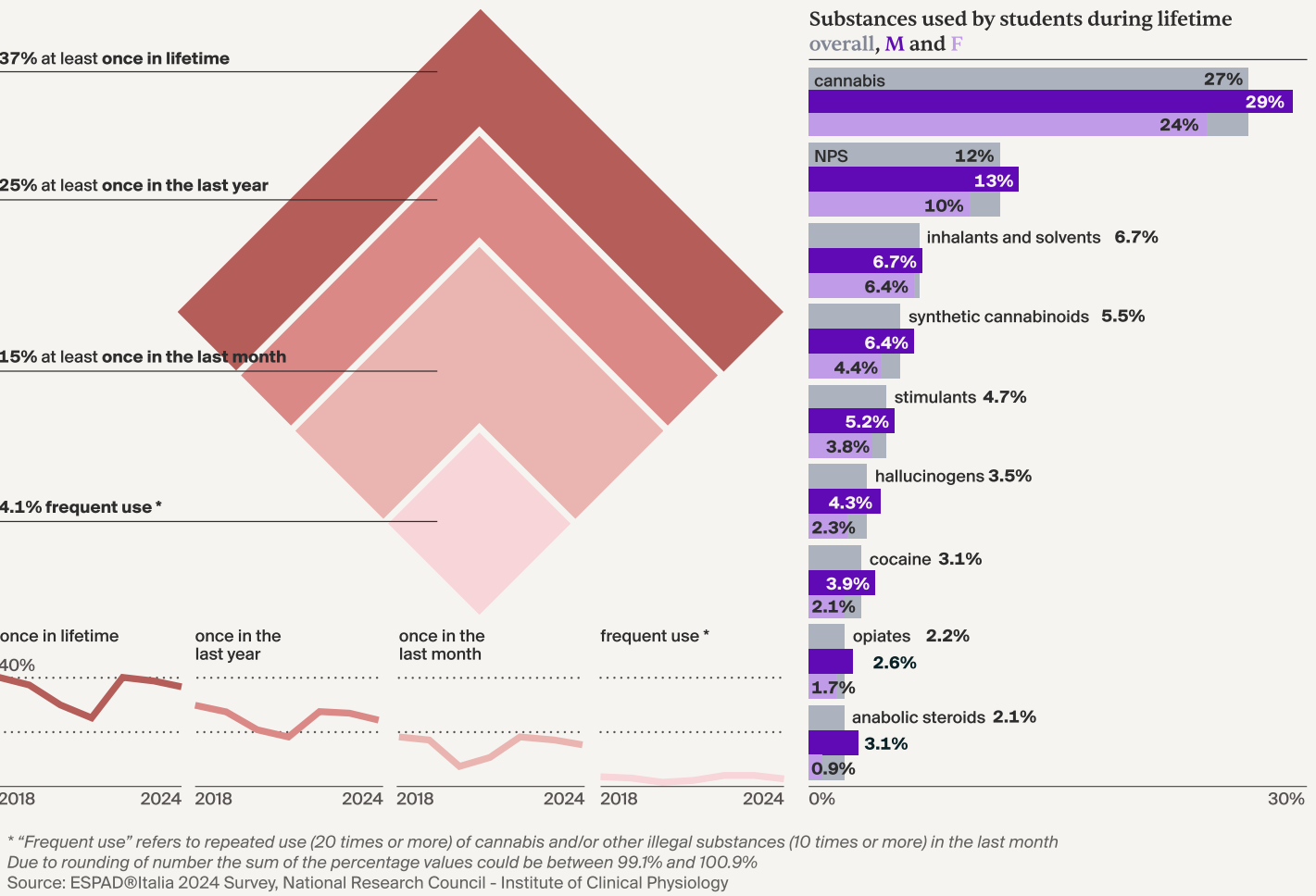
Over 110,000 young people (4.7%) reported having used a **stimulant** (amphetamines, ecstasy, GHB, MD, and MDMA) in their lifetime, of which almost **59,000 (2.4%)** in the last year, and 16,000 students (0.7%) having consumed them at least 10 times in the last 30 days. In the last year, stimulant use primarily involved males, especially those aged 15 and 18.

¹Source: ESPAD@Italia 2024 Survey, National Research Council - Institute of Clinical Physiology

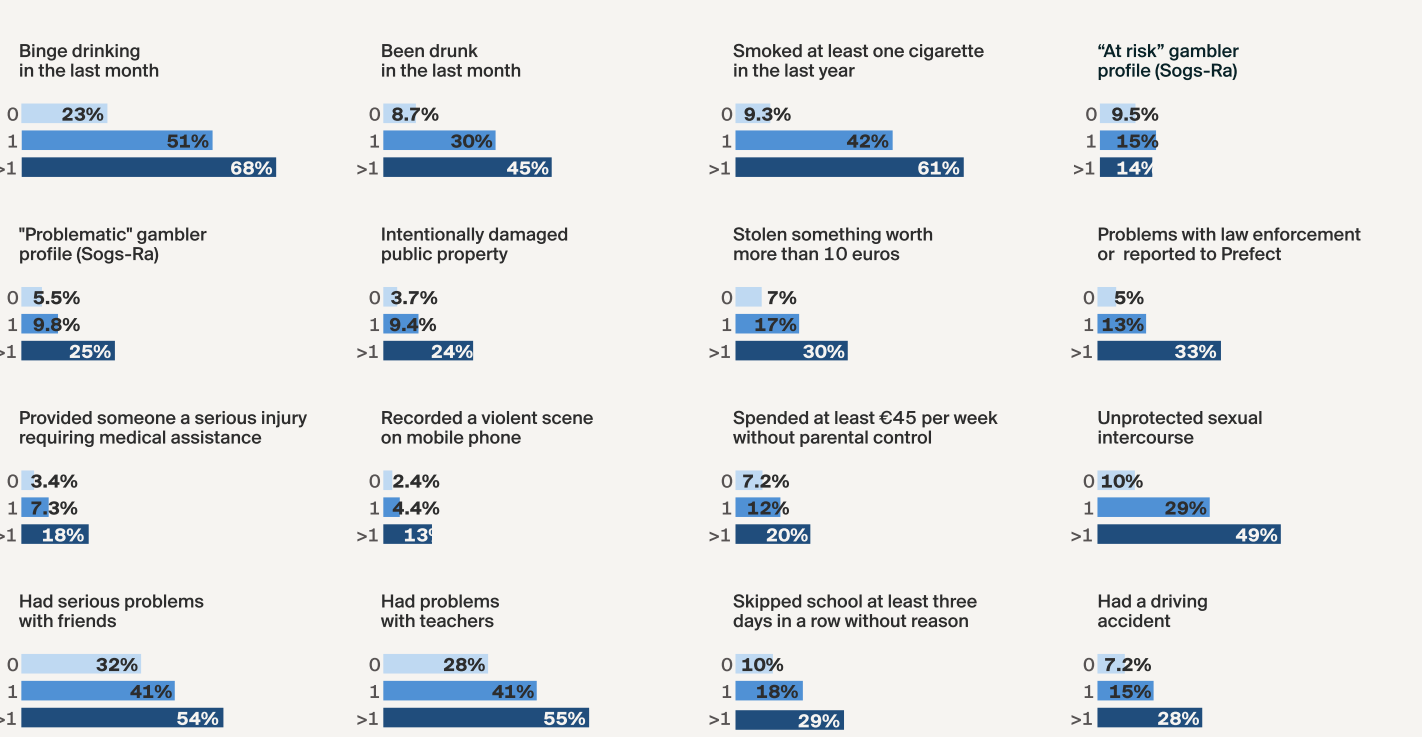
Table of Contents	Table of Contents	Table of Visual Contents	Chapter 1	Chapter 2	Chapter 3	Chapter 4	Chapter 5								
<p>Slightly over half of users (54%) reported trying stimulants for the first time between 15 and 17 years of age, while 45% tried them before age 15. After a peak in 2023, the use of stimulants in 2024 saw a significant decline.</p> <p>Approximately 86,000 students (3.5%) have used hallucinogens in their lifetime. Moreover, 29,000 (1.2%) did so in the last year, with nearly 17,000 (0.7%) having consumed them frequently (at least 10 times within the last month). The use of these substances increased with age and mostly involved males; the highest prevalences are observed among 18-year-olds, regardless of gender. About half of users (52%) started between the age of 15 and 17, while over a third tried them by age 14 (in decline compared to previous years). After an increase in 2023, the use of hallucinogens in 2024 saw a significant decline.</p> <p>Approximately 77,000 students (3.1%) reported having used cocaine at least once in their lifetime. Over 45,000 (1.8%) did so within the last year, and 10,000 (0.4%) used the substance frequently (at least 10 times in the last month). Consumption increases with age, with higher prevalence among 18-year-olds, and male consumption is higher than among females across all age groups. More than half of the students who used cocaine (55%) started between 15 and 17, while 40% tried the substance before age 15 (a figure consistent with 2023). After an increase in the post-pandemic period, consumption declined in 2024.</p> <p>Approximately 55,000 young people (2.2%) have consumed opiates at least once in their lifetime, nearly 30,000 (1.2%) in 2024, and 7,000 (0.3%) have used them frequently (10 or more times in the last month). Opiate use was evenly distributed</p>				<p>across age groups, with a peak among 17-year-olds (1.6%). Prevalence was higher among males, especially those aged 15-16, in a 3:1 ratio compared to females. Over half of student users (55%) started between 15 and 17, while 37% tried the substance at 14 or younger, a figure stable compared to 2023. After a two-year period with an increasing trend, opiate use in 2024 remains unchanged.</p> <p>45,000 students (1.8%), with equal distribution between genders, reported having consumed substances without being aware of their nature and possible effects. In most cases (70%), the consumption of unknown substances occurred once or twice in their lifetime. Among those who reported repeated use (at least 10 times), the proportion among males was over threefold higher compared to female peers (M=23%; F=7.3%). Among those who consumed unknown substances, 78% stated they were unaware of the effects such substances could have caused. The most common forms of consumption were pills (39%) and liquid (32%).</p>				<p>Approximately 160,000 students (6.5%) reported having consumed more than one illegal psychoactive substance in 2024, and among these, almost 98,000 (3.9%) specified having consumed two. The substances most commonly used by young poly-users were cannabis (91%), NPS (75%) —especially synthetic cannabis (51%)— stimulants (28%), cocaine (26%), and inhalants/solvents (24%). Among poly-users, significantly higher percentages of other “at-risk” behaviours are found, such as episodes of violence (e.g., hitting a teacher or using a weapon), acts of vandalism and problems with Law Enforcement, theft, and damage. Furthermore, markedly higher percentages of frequent alcohol consumption and alcohol excesses (binge drinking and getting drunk) and the consumption of psycho-tropic drugs without a medical prescription are recorded.</p> <p>As to the perceived level of risk, slightly more than half of the students consider high risk associated to the use of psychoactive substances. Between 52% and 60% associate high to the use of opiates, cocaine/crack, NPS, hallucinogens, stimulants, and habitual cannabis. About 29% associate risk to occasional cannabis use. Conversely, those who use substances tended to perceive a significantly lower risk.</p>				<p>Cannabis was perceived as the most easily available substance, with over 36% of students stating they would easily know where to find it. Conversely, access to other drugs was considered more difficult: by 11% for cocaine (11%), by 7.7% for hallucinogens and stimulants (7.7%), and by 5.3% for opiates. Conversely, among users access increased significantly, as 40% knew where easily to obtain substances on the street and about 20% through the Internet.</p> <p>Substance use behaviours were less frequent among young people who reported a trust-based and supporting relationship with their parents, good family communication, and a positive self-perception and perception of their relationships. Such elements appear protective against starting consumption and any other risky behaviours. It is evident that parental care, understood as active monitoring, emotional accompaniment, and attentive presence, rather than mere control or the introduction of rules, represents a significant protective factor against the consumption of psychoactive substances and even more so against poly-use.</p>			
37				38											

Table 2.1.
Consumption of psychoactive substances during 2024

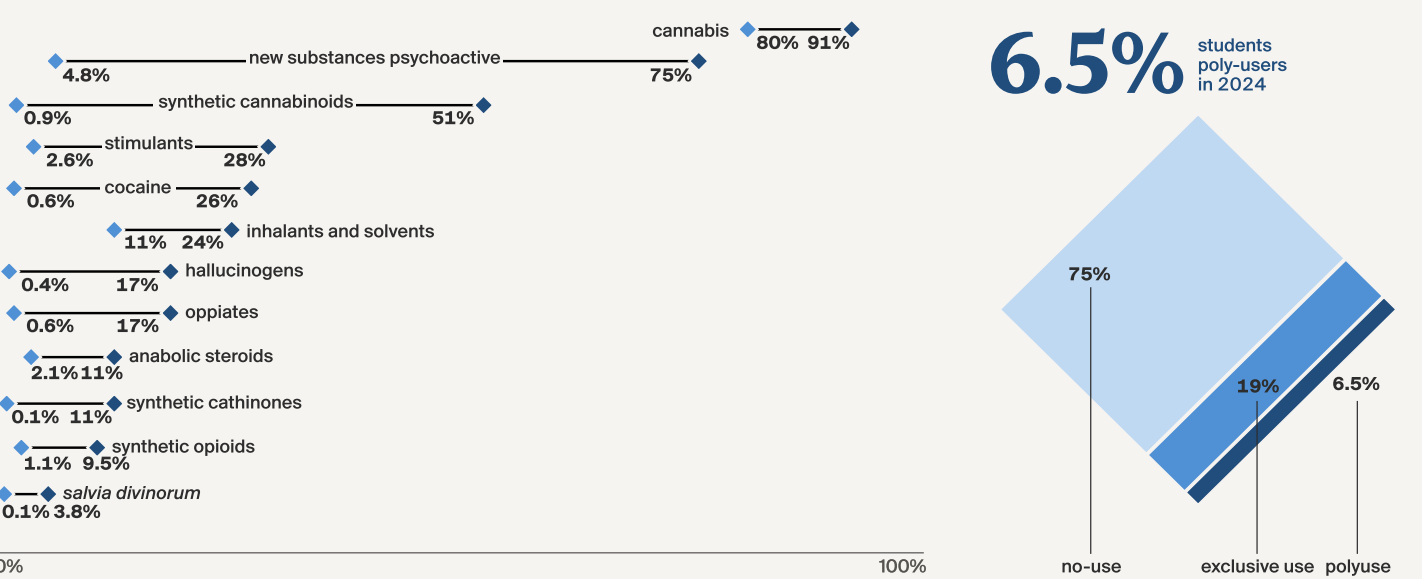
Students who have consumed at least one illicit substance



“At risk” behaviours and percentage of no-use, exclusive use and poly-drug use

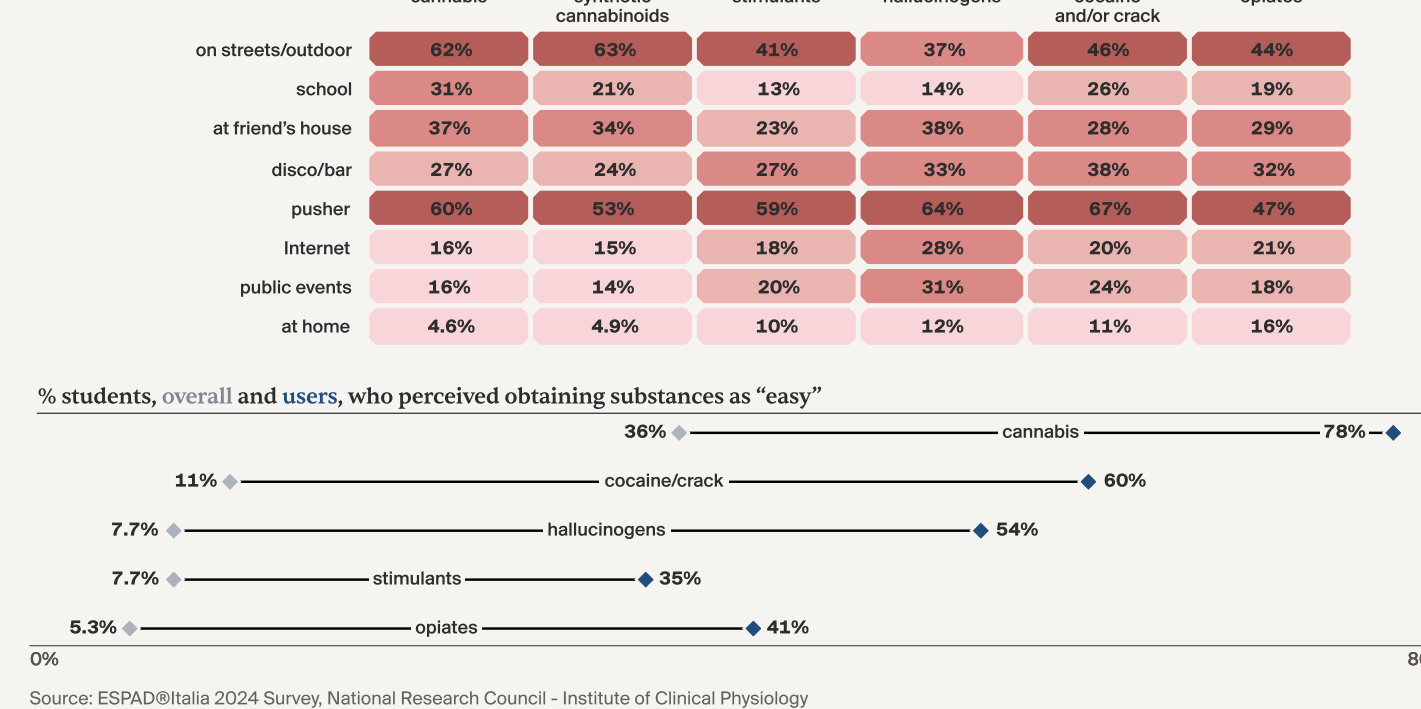
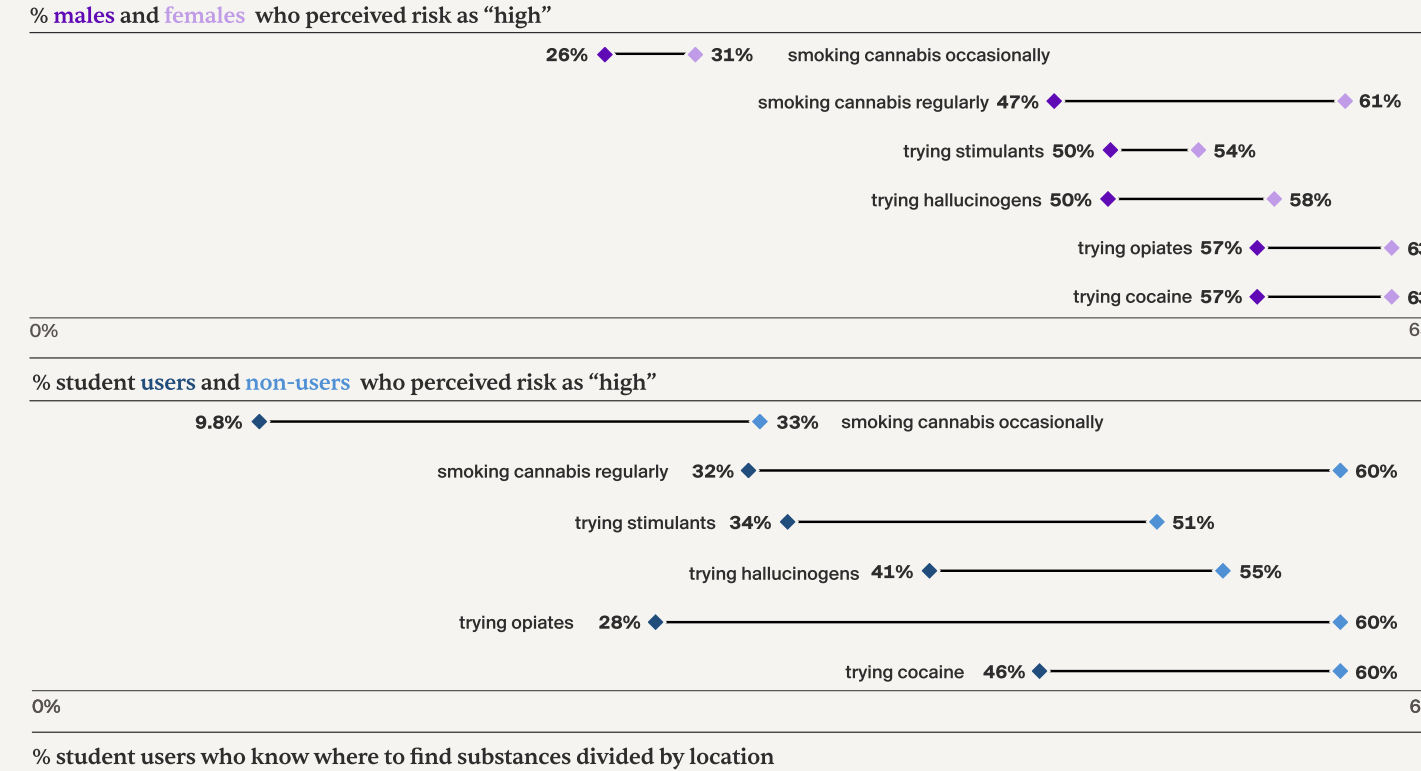


Substances use among users: exclusive use and polyuse



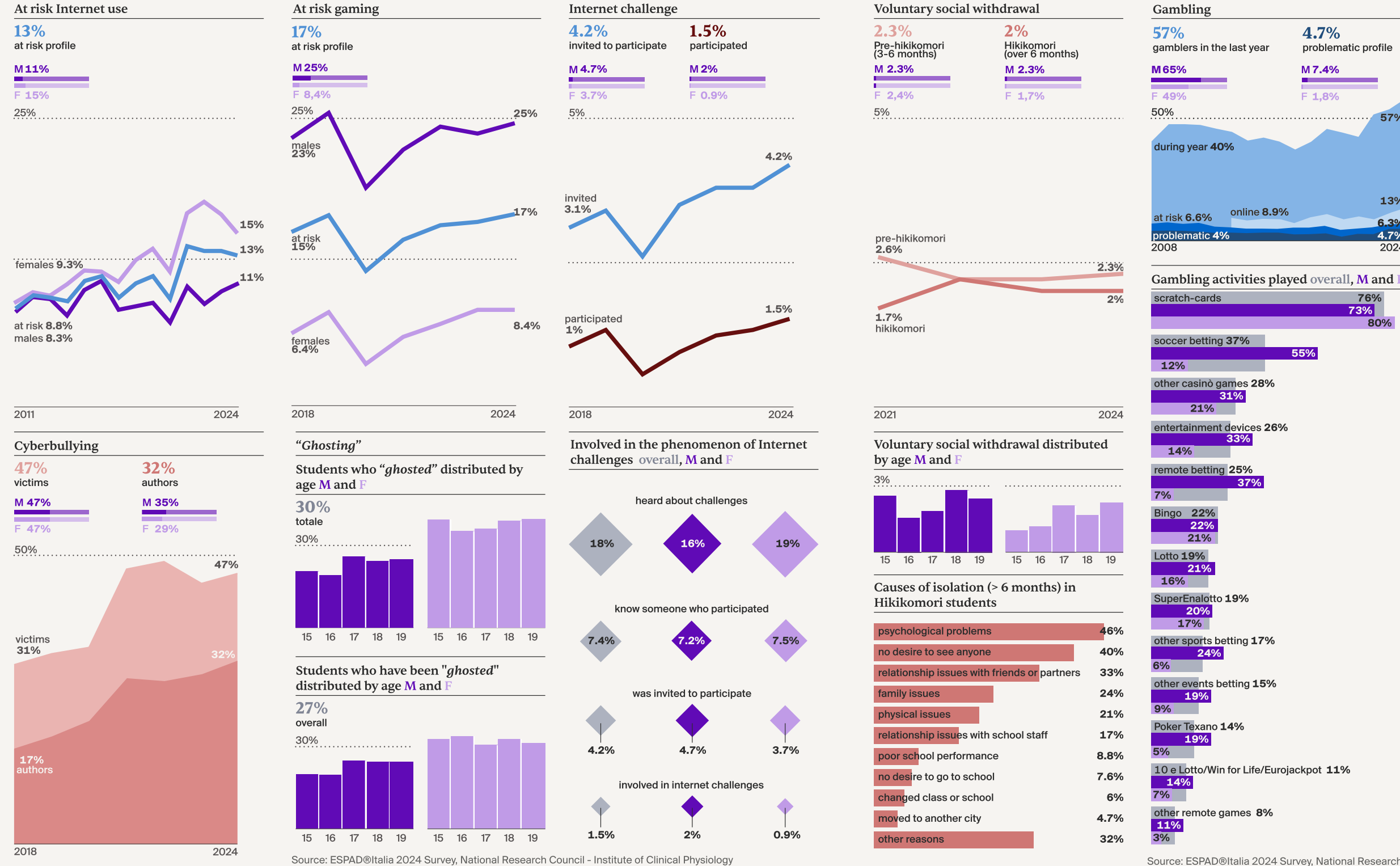
* “Frequent use” refers to repeated use (20 times or more) of cannabis and/or other illegal substances (10 times or more) in the last month
Source: ESPAD@Italia 2024 Survey, National Research Council - Institute of Clinical Physiology

Perception of risk and of accessibility to substances



Source: ESPAD@Italia 2024 Survey, National Research Council - Institute of Clinical Physiology

New addictions and at risk behaviours



Source: ESPAD@Italia 2024 Survey, National Research Council - Institute of Clinical Physiology

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Table of Visual Contents	<div> <div>In 2024, the estimate on the use of psychoactive substance consumption across the country was carried out across 38 cities, through the analysis of drug metabolite residues in urban wastewater flowing through treatment plants. Compared to estimates from 2020-2022, the national average consumption remained constant for cannabis (around 52 doses/day/1,000 people), and amphetamine (0.02 doses) which remained constant but showed very low consumption limited to a few cities. Slight increases were found for cocaine (around 11 doses) and methamphetamine (around 0.15 doses). Conversely, decrease was found for average heroin consumption (from 2.8 to 1.2 doses) and increase for average ecstasy consumption (from 0.06 to 0.15 doses).</div> <div>Cannabis remains the most widespread substance, with doses varying from 14-15 doses per person in Vibo Valentia and Trapani to 95-100 doses per person in cities like Bologna, Rome, and Olbia. A comparative analysis with data from previous years (2020-2022) indicates increased consumption in several cities, including L'Aquila, Lucca, Milan, Rome, Belluno, Terni, and Verona. Conversely, decreased consumption exclusively in Turin and Trieste.</div> <div>Cocaine was confirmed as the second most widespread substance in Italy, with consumption ranging from 2-3 doses (Vibo Valentia, Biella) to 23-25 doses (Olbia, Rimini, Montichiari, Venice). Compared to 2020-2022, consumption</div> </div>		<div> <div>In 2024 waste-waters were monitored for the consumption of ketamine and its main metabolites (norketamine and dehydro-norketamine). The national average consumption increased from 4.9 mg per 1,000 people/day in 2020-2022 to 7.3 mg, with increases of up to 3-4 times in Trieste, Bologna, and Milan.</div> <div>Overall, 60 substances belonging to seven classes were monitored, including synthetic opioids, tryptamines, and synthetic cathinones. Although NPS were detected in all monitored cities, consumption levels were generally low, comparable to the minimum levels of methamphetamine and ecstasy. The most common synthetic cathinones were methcathinone and 3-MMC. Methcathinone peaked at 0.89 mg in Rimini, while 3-MMC reached 4.75 mg in Bologna, where its consumption increased from 2.2 to 4.8 mg. Significant increases were also observed in Trieste (from 1.4 to 2.2 mg) and Milan (from 0.3 to 1 mg). CMC, detected in only 5 cities, was primarily found in regional capitals and tourist locations like Olbia, with a maximum of 0.7 mg. Consumption was higher on weekends in Bologna and Milan. N-ethylpentylone was found only in Rimini in trace amounts (0.24 mg).</div> <div>Among arylcyclohexylamines, 2-FDCK was recorded only in Milan (0.11 mg). For tryptamines, N,N-DMT was detected in 31 cities and 5-MeO-DMT in 9 cities, with maximum values of 0.4 mg (Rimini) and 0.5 mg (Terni), respectively.</div> </div>	Table of Visual Contents
Chapter 1	<div> <div>increased in cities like L'Aquila, Potenza, Latina, Terni, and Verona, and has more than doubled in Aosta and Belluno. Conversely, decreases were recorded for Bari and Perugia, with stable trends in the rest of the cities.</div> <div>Heroin consumption markedly decreased in most monitored cities, while it slightly increased in Terni and Verona. As observed in previous studies, cities in Central Italy continued to show the highest consumption levels, especially in Perugia (3.5 doses) and Terni (7.5 doses). Nonetheless, the current analysis highlights a significant reduction in prevalence in several cities within the same area, including Perugia, Campobasso, Ancona, Florence, L'Aquila, Rome, and Pescara.</div> <div>In general, the consumption of methamphetamine, ecstasy, and amphetamine was much lower compared to other substances. Amphetamines were detected only in traces in Bologna, Gorizia, Merano, and Parma. The highest levels of methamphetamine were recorded in Bologna (1.1 doses), Milan (0.7), Rome (0.7), and Venice (0.4), with increases in Ancona, Bologna, Cagliari, Venice, Terni, and Trani, and a reduction in Latina and Merano. Ecstasy consumption was similar to methamphetamine but increasing in almost all cities, with the highest values detected in Bologna and Milan (0.6 doses) and Trieste (0.4 doses), and significant increases in Aosta, Rome, Lucca, Pescara, Terni, and Verona.</div> </div>		<div> <div>Consumption levels were lower compared to the 2020-2022 period, when they reached 5.8 mg for 5-MeO-DMT and 3.9 mg for N,N-DMT. No traces of phenethylamines, synthetic cannabinoids, or synthetic benzodiazepines were detected.</div> </div>	Chapter 1
Chapter 2				Chapter 2
Chapter 3				Chapter 3
Chapter 4				Chapter 4
Chapter 5				Chapter 5
	<div> <div>²Source: Mario Negri Research Institute, IRCCS</div> </div>		<div> <div>³The NSP list defined as priorities at European level inserted in the study were: ketamine, synthetic opioids, including fentanyl, cathinones, phenethylamines and tryptamines</div> </div>	

Consumption of legal psychoactive substances like tobacco, alcohol, and unprescribed psychotropic drugs among young people is central to understanding the phenomenon. In 2024, nearly 1.2 million students (48% of the student population) reported having smoked a **cigarette** at least once in their lifetime, and **970,000 (39%)** to have done so within the last year. Both these consumption figures show higher percentages among female students. Furthermore, 510,000 students (21%) smoked at least one cigarette daily in the last year, with prevalence increasing with age. No difference was found between genders until age 18, after which there was a marked prevalence among male consumers. Among students who smoked cigarettes every day, over half (58%) started between the age 15 and 17, and 38% started by age 14, highlighting the younger age of consumers. Overall, after a decrease recorded in 2022, traditional cigarette consumption has stabilised.

Electronic cigarettes have been tried at least once in their lifetime by 1,250,000 young people (50%), of whom **990,000 (40%)** have used them in 2024. In both cases, use is more prevalent among females. First vaping experience (inhaled vapour from an e-cigarette) was between the ages of 15 and 17 for 52% of students, while it was before age 15 for 47% –highlighting a lowering of the average age for first vaping experience. E-cigarette use was steadily rising and in 2024 reached some of the highest prevalence levels ever recorded. As for other nicotine delivery devices, 620,000 students (25%) reported having used **heated tobacco products** at least once, and over **500,000 (21%)** did so in the past year. After a decline in 2023, the use of heated tobacco products is rising again, nearing the peak levels reached in 2022. Other alternative nicotine products—such as water pipes, snuff tobacco, and nicotine pouches (recently introduced

to the market)—are far less common. However, considering the combined use of all nicotine products, 58% of students reported having used at least one nicotine-based product in the past year.

Alcohol use is widespread among young people. Two million students (83%) reported having consumed alcoholic beverages at least once in their life, and nearly **1.9 million (76%)** did so in the past year, with no significant gender differences. Over 110,000 students (4.5%), mostly male, reported drinking alcohol at least 20 times in the past 30 days. As to excessive alcohol consumption, data from 2024 on episodes of drunkenness were consistent with those from the previous year. Nearly 970,000 students (39%) reported having been **drunk** at least once in their lifetime, and **740,000 (30%)** to have been drunk in the past year. 33,000 (1.3%) reported getting drunk at least 10 times in the past 30 days. Except for frequent consumers, percentages were higher among females. Of the overall school population 62% report to have been drunk for the first time between the ages of 15 and 17, and 36% to have been drunk before the age of 15 (a percentage which is increasing compared to previous years).

Binge drinking (defined as consuming five or more alcoholic drinks in a short period of time) in the past 30 days was reported by nearly **760,000 students (31%)**, with slightly higher rates among males than females. Prevalence increased with age, reaching the highest levels among 18-year-olds. Data on this behaviour are in line with those since 2021.

The use of **over-the-counter psychoactive medications** among students is a growing issue. Nearly 510,000 students (21%) reported having used at least one type of such drug at some point in their lifetime, while **290,000 (12%)** did so in the past year. For about 54,000 students (2.2%), usage was frequent, at least 10 times in a month. Since 2021, the use of these drugs has been steadily increasing, reaching the highest levels ever in 2024.

Among the medications used, the most common were: sleep medication and relaxants (8.4%), mood stabilisers (2.4%), attention and/or hyperactivity medications (2.1%), and weight control drugs (1.5%). Overall, the consumption of these medications is twofold higher among female students than male students, and threefold higher when considering weight control medications alone.

The behaviour considered most dangerous by teenagers in reference to use of legal substances is “**smoking 10 or more cigarettes a day**”, which is considered as “high-risk” by 67% of students. Next in level of risk are occasional use of over-the-counter psychoactive medications and weekly binge drinking (both at 54%); daily alcohol consumption (40%) and getting drunk once a week (38%). Their awareness of potential health harms for less frequent use dropped significantly: only 20% of students considered **occasional cigarette smoking** a high-risk behaviour, while only 13% perceived **drinking**

1-2 alcoholic beverages several times a week as risky. In general, the risk perception was generally lower among regular users of these substances, except for regular alcohol drinkers who did recognize the higher risk of daily alcohol consumption, as compared to the overall student population.

⁴ Source: SPAD@Italia 2024 Survey, National Research Council - Institute of Clinical Physiology

Table 2.2.
Prevalence of legal and illegal psychoactive substance use among student population (15-19 years) during 2024

Illegal psychoactive substances

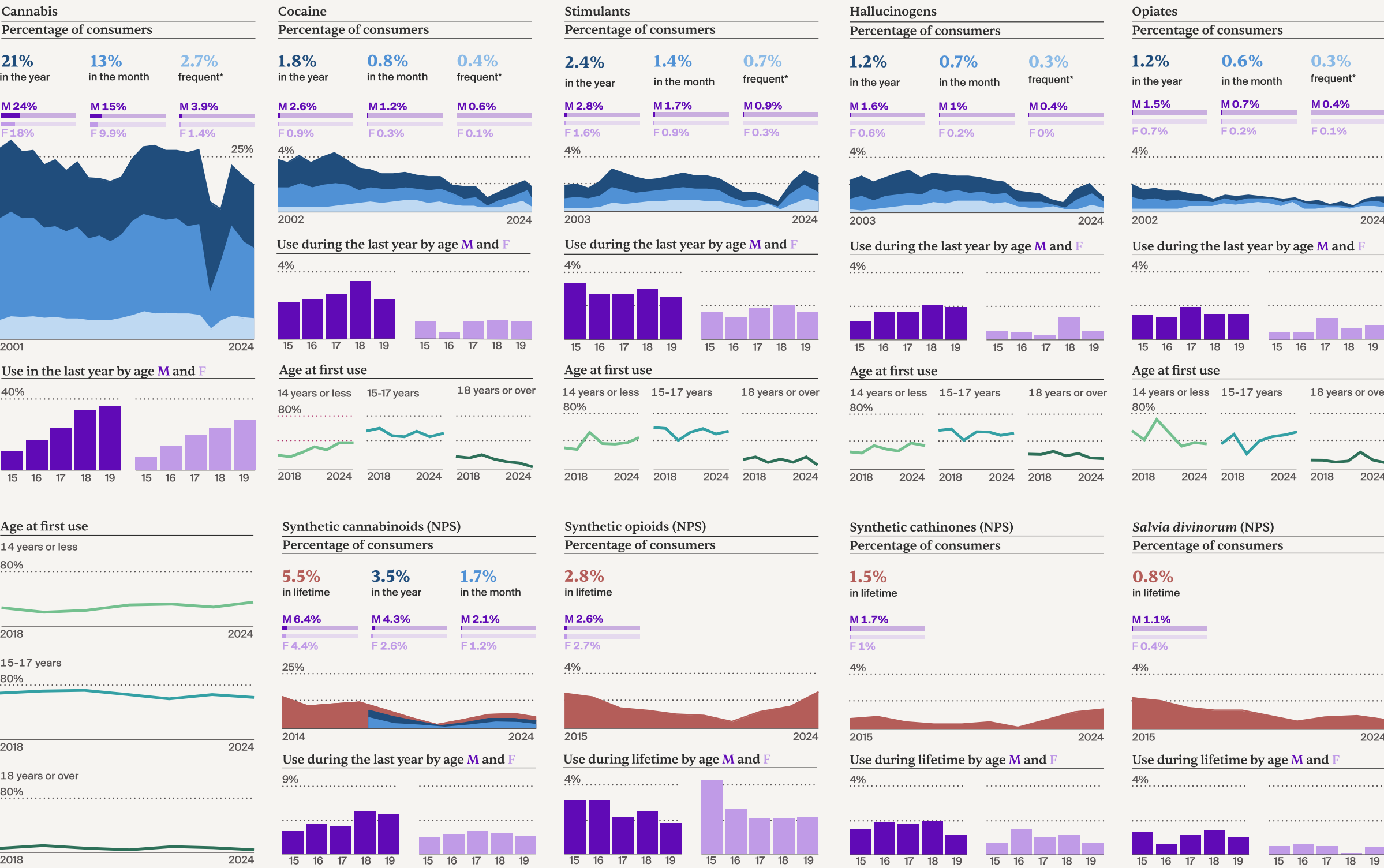


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<h2>New Products for New Consumers: Young People from Shifting from Exclusive Use to Poly-Use of Tobacco and Nicotine⁵</h2>						
<p>The National Centre for Dependencies and Doping of the Italian National Institute of Health, funded by the Ministry of Health (CCM Fund), conducted a survey in 2024 on tobacco and nicotine consumption in a representative sample of students aged 14-17. 30% of the sample, that is approximately 700,000 Italian students, reported consuming at least one product among traditional cigarettes, heated tobacco products (HTP), and e-cigarettes in the 30 days prior to the survey. Consumption was higher among females (F 35% vs. M 26%). No substantial differences are observed in the prevalence of consumption across the various products: although traditional cigarettes remain the most used (20%), the consumption percentages for HTP (19%) and e-cigarettes (18%) are now only slightly lower. The higher consumption among females compared to males is confirmed across all three product types, with HTP showing the largest difference between males and females (M 14% vs. F 24%).</p> <p>Since the introduction of new devices for consuming tobacco and/or nicotine (e-cigs and HTPs) alongside traditional cigarettes, their use has become increasingly popular, especially among youth: currently, up to 62% of teenage (14 to 17-year-old) users use two or more products simultaneously –poly-users– (compared to 39% in 2022) and 27% of them use three products at the same time (vs 17% in 2022).</p>						
<p>Nearly all student e-cigarette users use flavoured ones (97%), mostly fruit-flavoured, as well as “sweet and creamy,” “fresh and mint,” and “drink and beverage” flavours. It’s important to remember that nicotine, which is responsible for addiction, is present in all tobacco products and in most electronic cigarettes. It should also be emphasized that flavours make these products especially appealing, particularly to youth, as they mask the unpleasant taste of nicotine. However, inhaling these flavours is not without risk for the user. Furthermore, 7% of e-cigarette users reported having added cannabidiol to the liquids.</p> <p>Students who use these new products were asked how they first obtained them. Although half or nearly half of the students said they had borrowed them (HTP 50%; e-cig 45%), a significant percentage stated that they personally purchased them (HTP 21%; e-cig 36%) despite the fact that sales of these products are prohibited to minors. There are also those who reported receiving them as gifts from parents, relatives, and especially friends (HTP 29%; e-cig 19%). On the other hand, more than one in three students said their parents were aware of their use of these products, with no major differences observed among the three product types. What does vary is the attitude of the parents themselves toward their teen’s use: 10% of parents tolerate traditional cigarette use, while 15% tolerate HTP use and 16% tolerate e-cig use, likely because these products are mistakenly believed to be less harmful to health.</p>						
<p>Nonetheless, despite the sale of products containing tobacco and/or nicotine being prohibited to minors, 43% of students reported the retailer did not refuse to sell them traditional cigarettes due to age limits. This percentage increases in the case of heated tobacco products (56%) and electronic cigarettes (63%).</p> <p>Compared to the group of “non-consumers”, the group of “students who consumed tobacco and/or nicotine (past 30 days)” features the following characteristics⁶: higher representation of females (consumers 52% vs. non-consumers 42%), higher representation of 16-year-olds (31% vs. 24%) and 17-year-olds (29% vs. 22%), greater alcohol consumption in the last month (77% vs. 41%) and more episodes of drunkenness in the last month (36% vs. 8%). Also, worse academic performance compared to their peers (15% vs. 7%), greater difficulty talking to their parents about things that truly worry them (52% vs. 41%).</p> <p>Conversely, the group of “non-consumers of tobacco and nicotine (past 30 days)” features the following characteristics: higher representation of males (non-consumers 54% vs. consumers 44%), higher representation of 14-year-olds (27% vs. 18%), greater presence of non-gamblers (78% vs. 69%), greater presence of non-gaming players (28% vs. 39%) or, at least, non-at-risk players (62% vs. 52%). Also, good academic performance (90% vs. 81%), greater ease in talking to their parents about things that truly worry them (59% vs. 47%).</p>						
<p>⁵Source: National Institute of Health – National Centre for Addictions and Doping</p> <p>⁶ Only statistically significant associations are reported</p>						

New addictions and at risk behaviours among youth⁷

In the overall analysis of at-risk behaviours among young people, particular attention is given to the use of new digital technologies, video games, gambling, and the phenomenon of social withdrawal. As to **Internet use**, in 2024, over 320,000 students (13%) showed at-risk web usage, neglecting friends, losing sleep to stay connected, and exhibiting irritability when they couldn’t access it. The percentage of students at risk remains stable compared to the increase in this phenomenon during the post-pandemic period.

Similarly, the trend for **cyberbullying** appears stable after a post-pandemic increase. In 2024, 1.16 million teenagers (47% of the student population), reported being victims of cyberbullying, meaning they experienced offenses, insults, threats, or the sharing of personal photos, with no significant gender differences. Male students, however, reported more frequently being perpetrators of violent online behaviours, with an overall involvement of nearly 790,000 students (32%).

The phenomenon of “**challenges**,” online dares often undertaken by young people to be accepted into a group or community, is slightly increasing. In 2024, 4.2% of students (100,000 teenagers) received invitations to participate in a challenge, and 1.5%, or over 30,000 students, actually took part in these challenges.

In 2024 over 740,000 students (30%) carried out **ghosting**, (i.e., the sudden cessation of all contacts with a person without explanation), while nearly 680,000 students (27%) were victims of ghosting. Both figures show a slight increase compared to the previous year.

In the world of **video games**, when gaming exceeds the limits of a pastime, it can develop into at-risk behaviour and negatively affect a young person’s psychological well-being, social relationships, and academic performance. In 2024, over **410,000**

students (17%), mainly male, exhibited an “**at-risk**” **gaming profile**, spending many hours playing and showing sign of aggressiveness when withheld from playing. These values are similar to those recorded in the pre-pandemic period, with a stable trend.

In close connection with these behaviours, the phenomenon of **voluntary social withdrawal**, noteworthy is the phenomenon known as **Hikikomori**. In 2024, over 48,000 students (2%) reported self-isolating for more than six months, without attending school or meeting friends and acquaintances. Another 2.3% of students reported a period of isolation between 3 and 6 months, which can be defined as “pre-Hikikomori.” The main causes of social withdrawal among Hikikomori youth are psychological problems (46%), a lack of desire to see anyone (40%), relationship difficulties with friends or partners (33%), family problems (24%), and physical problems (21%).

As to **gambling** involving youth, this activity has seen an upward trend in recent years, with peak rates in 2024. In 2024, 1.53 million teenagers (62% of student population) reported to have gambled at least once in their lifetime, while over **1.42 million** young people (**57%**) did so in the last year. Among the most common games are Scratch-card lotteries (76%), football betting (37%), poker, roulette, and dice (28%), and entertainment machines like slot machines and video lotteries (26%). Compared to their female peers, males are involved in higher percentages, with the exception of Scratch-cards. **Online gambling** is also constantly increasing: in 2024, **320,000** teenagers (**13%**) reported gambling on the Internet. Data related to “**at-risk**” (**6.3%**) and “**problematic**” (**4.7%**) **gambling profiles** remain stable compared to 2023. Students belonging to these categories show a greater inclination towards at-risk behaviours, including theft, vandalism, conflicts with law enforcement, and consumption of legal and illegal substances, compared to peers who do not gamble.

⁷Source: ESPAD@Italia 2024 Survey, National Research Council - Institute of Clinical Physiology

Territorial supply and treatment demand

In Italy, care for individuals with pathological addictions is guaranteed nationwide as it falls under the Essential Levels of Care (LEA) provided by the National Health Service. It is delivered through an integrated system that includes Local Health Authorities with their territorial addiction services (SerDs), authorised and accredited private facilities, local authorities, and organisations from the Third Sector and volunteer sectors. Addiction services provide care for individuals with disorders related to the use of psychoactive substances, as well as those with psychiatric comorbidities and other risky, addiction-related behaviours such as gambling, compulsive internet use, gaming, compulsive shopping, sexual addiction, and eating disorders. The care system is structured into four main levels: first-level services, outpatient services, semi-residential and residential facilities, and specialist services.

First-level services, which include mobile units, first-contact centres, and drop-in centres, are characterised by a high level of accessibility and are mainly aimed at drug-dependent individuals who are difficult to reach through traditional channels. These services provide initial support through specialised emergency care, counselling, socio-educational activities, and pathways for initiating drug detoxification and guiding individuals toward more structured care programs.

In 2024, there were a total of **198** active **first-level services** in Italy, consisting of 123 mobile units (78% managed by Third Sector providers), 49 drop-in services, and 26 emergency reception services (74% and 77%, respectively, managed by Third Sector organisations)¹.

At the national level, the availability of these services stood at 0.4 facilities per 100,000 inhabitants aged 15–74. Their presence was particularly concentrated in the northern

and central regions, where the average reached about 0.6 services per 100,000 residents, while it dropped significantly to 0.1 and 0.2 in the southern regions and the islands.

The range of interventions provided by first-level services in 2024 varied significantly across regions. Case management was available in over 75% of services in Piedmont (excluding drop-in centres and mobile units), Lombardy, Liguria (only mobile units), Emilia-Romagna, and Abruzzo. Psychosocial counselling was provided by over 75% of services in Piedmont (excluding drop-ins), Lombardy, Liguria (only mobile units), Emilia-Romagna, Tuscany, Umbria (excluding low-threshold services), Lazio, Abruzzo, and the province of Bolzano.

Screening for psychiatric disorders was offered by more than 75% of first-level services in Lombardy (excluding mobile units) and in Abruzzo (limited to low-threshold services), while treatment for individuals with dual diagnosis is available in over 75% of services in Friuli Venezia Giulia (except for mobile units) and the province of Bolzano.

¹ Source: Interregional Technical Group on Addictions – Health Commission of the Conference of Regions and Autonomous Provinces; Public Departments and Services for Addictions of the Health Authorities of the Regions and Autonomous Provinces

Support for placement in therapeutic communities is provided by over 50% of the services in Lombardy, Emilia-Romagna (excluding mobile units), and Abruzzo (only in low-threshold services). Finally, substitute pharmacological treatment is offered by more than 75% of low-threshold services in Piedmont, Lombardy, Abruzzo, and Sardinia, as well as by the drop-in centres in Abruzzo.

Outpatient addiction services implement therapeutic-rehabilitation programs and pharmacological treatments for users, along with specific support for family members, providing specialist medical and psychological counselling and care. These services are either public (like SerD), part of the Regional/Provincial Health System, or private, in the form of Integrated Multidisciplinary Services (SMI). In some areas, they are also structurally established inside correctional facilities, operated by specialised multi-professional teams affiliated with local SerDs.

According to data for 2024 provided by the National Addiction Information System (*Sistema Informativo Nazionale sulle Dipendenze*, SIND)², there are a total of **571 SerDs** active in Italy, distributed across 62 operational locations (with 96% of the registered sites covered by reporting). Based on the “Annual Public Administration Staff Report” from the Annual Budget, in **2023** (the most recent year for which data is available), **6,005 professionals** worked in **public addiction services** treating illegal substance addiction (compared to 6,082 the previous year). A key strength of SerDs is their multidisciplinary teams, which are essential for managing the complex and constantly evolving needs of care and support. The overall national staff is composed of 55% physicians and registered nurses, 15% psychologists, 13% social workers, and approximately 12% professional educators. The remaining 6% consists of administrative staff and other professional figures. In terms of employment contracts, 93% are hired staff, and 7% work under other types of contracts. Additionally, 86% of professionals are employed full-time, while 14% work part-time or under flexible arrangements.

There are significant regional differences in staffing levels across SerDs, based on the ratio of personnel to individual treated or to the general population. While the national average is 24 users per staff member, this ranges from just 16 in the province of Bolzano to over 30 in regions such as Umbria, Marche, Lazio, and Abruzzo.

Across Italy, there are **1,134 outpatient addiction services (including those for alcohol use disorders and gambling)**, equivalent to 2.6 services per 100,000 residents aged 15–74. Most are public outpatient clinics (593 units), with an additional 19 Integrated Multidisciplinary Services (SMIs), 13 of which are in Lombardy.

Support for person living in prison (PLIP) with substance use disorders is guaranteed in all regions and autonomous provinces, provided through **36 services located within prisons**—found in regions such as Lombardy, Liguria, Veneto, Emilia-Romagna, Tuscany, Lazio, Abruzzo, Campania, Puglia, Sicily, and Sardinia—and through **146 specialized multidisciplinary teams**, all affiliated with public SerDs.

The distribution of **services specifically for alcohol use disorders and gambling** is less widespread, although both types are present in nearly all regions except Abruzzo. Such services add up to 486 services (**207 for alcohol use, 279 for gambling**), 62% of which are located in northern Italy, especially in northeastern regions. Outpatient services of all Italian regions provide case management, psychosocial counselling, and, when needed, referral to therapeutic communities. Additionally, more than half of local services offer screening for psychiatric disorders and treatment for patients with dual diagnoses, while pharmacological substitution treatment is guaranteed by all services without exception. These interventions described above are offered by 75% of the service providers operating within correctional facilities across the regions of Lombardy, Liguria, Emilia-Romagna, Tuscany, Umbria, Abruzzo, Molise, Puglia, and Basilicata.

² Source: SIND Working Group: Ministry of Health – Directorate General for Digitalization, Health Information System and Statistics; Interregional Technical Group on Addictions – Health Commission of the Conference of Regions and Autonomous Provinces

Focusing on the 356 specialized facilities active in Italy, which represent the fourth level of the service system, these are divided into four main types: 13 facilities (about 4%) are dedicated to supporting minors with drug-related issues, 31 (almost 9%) serve parents with substance addictions along with their children, 132 (37%) care for patients with psychiatric comorbidities, and finally, 180 (about 51%) provide other types of specialized assistance, such as housing support or long-term rehabilitation programs. Almost all specialised facilities (94%) are managed by Third Sector organisations and are predominantly residential. The facilities are present throughout the country, although mainly concentrated in the northern regions (68%), particularly in the northwest area (52%), and are absent only in the region of Calabria.

Overall, the 951 residential and semi-residential treatment facilities operating nationwide have a **total admission capacity of 13,862 slots**, with an average of about **14.6 slots per facility**. Specifically, residential facilities (No. 477, including hospital detox units but not specialist ones) have an average of 18 beds each, while semi-residential facilities (No. 118) offer an average of 14 beds. Specialist residential facilities (No. 333) have a slightly lower capacity, with 10 beds available per facility, while specialist semi-residential facilities (No. 23) offer an average of 8.7 slots per facility.

Analysing the number of slots available in residential facilities relative to the resident population aged 15-74, the national rate is 27 beds per 100,000 inhabitants, a figure

The third level of service is represented by addiction services, comprising **residential and/or semi-residential** and **day treatment facilities**. It offers a range of care programs and support tailored to specific user needs, and is closely integrated with outpatient services provided at the local level. As of 2024, there were **951** operational treatment facilities, with a strong concentration in northern regions, which account for 61% of the total. Based on the resident population aged 15 to 74, this corresponds to 2.1 facilities per 100,000 inhabitants. However, distribution is uneven as northern and central regions reach about 3 facilities per 100,000 residents stands at around 1 per 100,000 residents in the South and Islands.

Residential therapeutic facilities (educational and therapeutic-rehabilitative) make up nearly 49% of the system, with 461 units. The remaining facilities include 37% specialised centres (356 units), 12% semi-residential and day treatment centres (118 units), and less than 2% residential hospital detox units (16 units). A particularly relevant aspect is the role played by Third Sector, which manage 896 of the 951 active facilities, covering 94% of the residential and semi-residential/day care services offered. As to the supply of treatment services, most residential facilities at the regional level (over 75%) offer case management, counselling, and psychosocial interventions, as well as psychiatric disorder screenings, placements in therapeutic communities, and substitution pharmacological treatments. However, interventions specifically designed for individuals with dual diagnoses are less common.

that progressively decreases from north to south and the islands: in the north-western and north-eastern areas the rate is 35 and 31 respectively, falling to 29 in the central regions, and dropping further to 18 and 19 in southern regions and the islands.

The distribution of slots available changes for semi-residential facilities: at the national level, the average number of beds is 4.1 per 100,000 inhabitants aged 15-74, with the highest rate found in the central regions at 6.6. In particular, the regions of Umbria, Marche, Lazio, and Basilicata offer availability of over 7 beds per 100,000 residents.

Noteworthy is the disparity at regional level in slots availability to meet the potential overall national demand considering the number of individuals followed by SerDs: on average, there are almost 12 slots available for every 100 individuals in treatment at SerDs. However, while in Umbria there are over 31 slots per 100 patients, in Lombardy, Liguria, and Veneto the number exceeds 17 slots per 100 treated, while in Friuli Venezia Giulia, Abruzzo, and Puglia are less than 7 per 100.

The number of **treatment facilities managed by Third Sector organizations** and reporting to the **Ministry of Interior's** mid-year bulletin³, as of **December 31, 2024**, accounted for 761 facilities, representing 87% of the 873 total. Of these, 75% were residential, 16% semi-residential, and 9% outpatient. Approximately 60% of these facilities were located in northern regions: 33% were in the Northwest, with a marked concentration in Lombardy, while 28% were distributed across the Northeast, primarily in Emilia-Romagna and Veneto. The remaining 20% were located in central regions, 15% in southern regions (with a higher presence in Puglia), and 4% in the insular regions.

Nationally, the ratio between the number of anti-addiction facilities and the resident population was slightly less than 2 facilities per 100,000 inhabitants aged 15 to 74. However, in Valle d'Aosta, Liguria, Emilia Romagna, Umbria, and Marche,

this value exceeded 3 facilities per 100,000 residents, while in the province of Bolzano, Friuli Venezia Giulia, Lazio, Campania, Sicily, and Sardinia, the ratio was less than 1 facility per 100,000 inhabitants.

As of December 31, 2024, residential facilities of the Third Sector had an average of 19 patients per facility, with values exceeding 30 individuals in Umbria and Sardinia. Outpatient services, on the other hand, cater to an average daily demand of approximately 49 treated on the same date.

In Italy, **activities for preventing health risks related to drug consumption**, such as infectious diseases, sexually transmitted diseases, acute intoxications, and related deaths, are primarily carried out by low-threshold services, drop-in centres, and mobile units. Throughout the country, individual counselling, HIV/AIDS testing, and hepatitis C screening are established practices, offered not only to users formally under the care of SerDs but also to those who, although not formally followed by these services, express a need for such services¹. With specific reference to HIV, all regions (with the exception of Apulia) and autonomous provinces ensure access to antiretroviral treatment. In 12 territories, this intervention reaches most, if not all, people who need it. Good levels of assistance are also registered for Hepatitis B: in 15 territorial areas, screening is guaranteed to most at-risk users, while specific vaccination campaigns are present in 14 regions/autonomous provinces. As for Hepatitis C, pharmacological treatment is guaranteed in all regions and autonomous provinces, though with varying coverage levels.

The spread of interventions dedicated to reducing risks related to substance use is more limited, with generally lower coverage of expressed needs. In 14 regions/autonomous provinces, there are training courses on the safe use of injectable drugs, as well as interventions for managing acute intoxications and for the use of naloxone. Meanwhile, in 16 regional/provincial contexts, also have prevention interventions for drug-related deaths. Ten regions/provinces have activated peer-to-peer support programs, and other 10 offer training

courses for peer-supporters, though current coverage is still limited. Needle and syringe exchange programs are active in 12 regions/provinces, based on variable offer and demand.

Finally, while all regions and autonomous provinces distributed educational material to raise awareness about the risks related to drug consumption, some also provided supplies to prevent drug-related diseases, such as naloxone, sterile needles and syringes, disinfectants, and condoms.

Out of the 406 facilities invited to take part to a **national survey on services of the Third Sector**⁴, **181 organisations** (44% of those contacted) responded, providing information on a total of **265 services** structured into **606 service units**. Of these, 58% were accredited. The majority of service units (77%) were residential or semi-residential, including treatment communities, protected housing, and co-housing. Another 16% focused on the prevention of drug-related disorders, implementing initiatives such as mobile units, drop-in centres, and low-threshold or emergency admission services. Outpatient and prison-based services accounted for 5.3%, while 1.5% were classified as other service categories.

In terms of geographical distribution, 58% of the responding facilities are located in northern Italy—with 19% in Lombardy alone— followed by 21% in Central Italy, 18% in the southern regions, and 4% in the islands.

The facilities employed a total of **2,376 professionals**, including physicians, nurses, psychologists, sociologists, social workers, and professional educators. The role of the professional educator is predominant in residential/semi-residential services (40%) and prevention services (41%), while in outpatient services, psychologists represent the largest group (35%).

As to the range of **target treatments** at residential and semi-residential facilities, these primarily catered to individuals involved in drug-related legal proceedings

and/or over 40 years old (approximately 30% of facilities), as well as people with dual diagnoses (20%). 72% of outpatient services assisted people aged at least 40, 47% treated users with dual diagnoses, and 41% assisted individuals involved in drug-related crimes. Prevention services for drug-related pathologies mainly targeted users aged 40 and above (56%), people involved in crimes but not imprisoned (54%), homeless people (49%), and those with dual diagnoses (42%). Outpatient and prevention services primarily targeted youth, transgender individuals, bisexuals, homosexuals, and sex workers, while outpatient services alone targeted families with children, and women during and after pregnancy.

According to service providers of the Third Sector, **prevention of infectious diseases linked to drug use** involved a total of 149 facilities of the Third Sector, including mobile units, drop-in centres, in addition to residential, daytime, and outpatient services. Over half of these services provide individual counselling on the risks of drug-related infectious diseases, while about a quarter conduct HIV/AIDS and HBV screening. One-fifth participate in the HBV vaccination campaign for at-risk groups and administer pharmacological treatments for Hepatitis C. Antiretroviral treatment for HIV is available in 30% of these services.

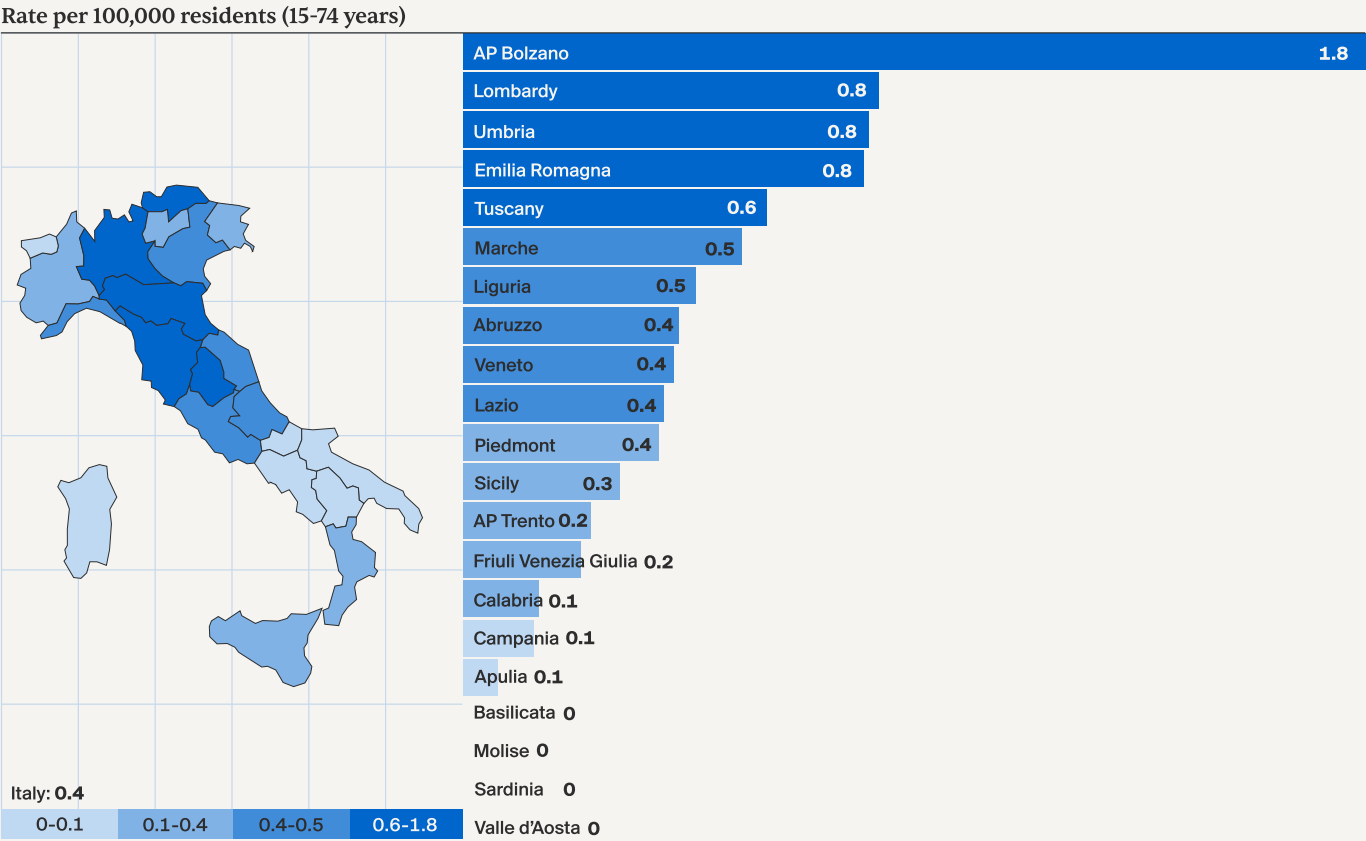
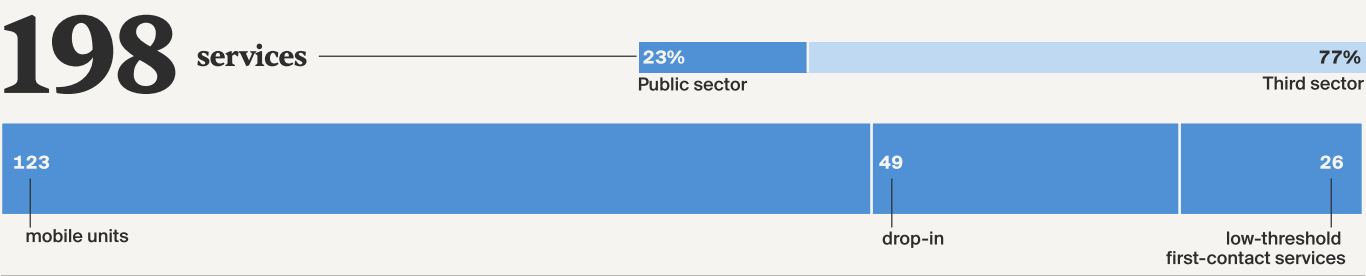
Additionally, the participating services offered training courses on preventing drug-related deaths, managing acute intoxications, and understanding the risks of substance use. They also distributed informational materials and devices for preventing drug-related pathologies (such as condoms, disinfectants, and naloxone). In 2024, specific services dedicated to preventing drug-related pathologies (mobile units, drop-in centres, and low-threshold services) reached approximately 440,000 people. Over a third of these individuals had never been contacted before. These services also distributed more than 170,000 syringes throughout the year.

³ Source: Ministry of Interior – Central Directorate for General Administration and Prefectures – Office V

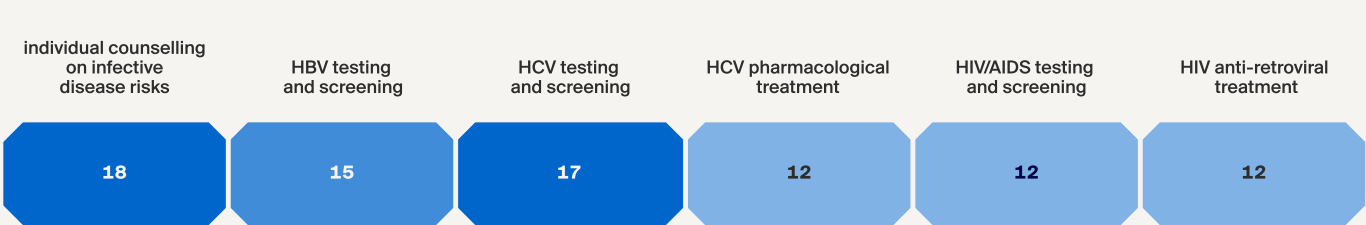
Source: Survey on Third Sector Services conducted by the National Research Council – Institute of Clinical Physiology (CNR-IFC) in collaboration with the Presidency of the Council of Ministers – Department for Antidrug and Other Addiction Policies

Table 3.1.
Social and health care services for people with addictive disorders during 2024

First-level services

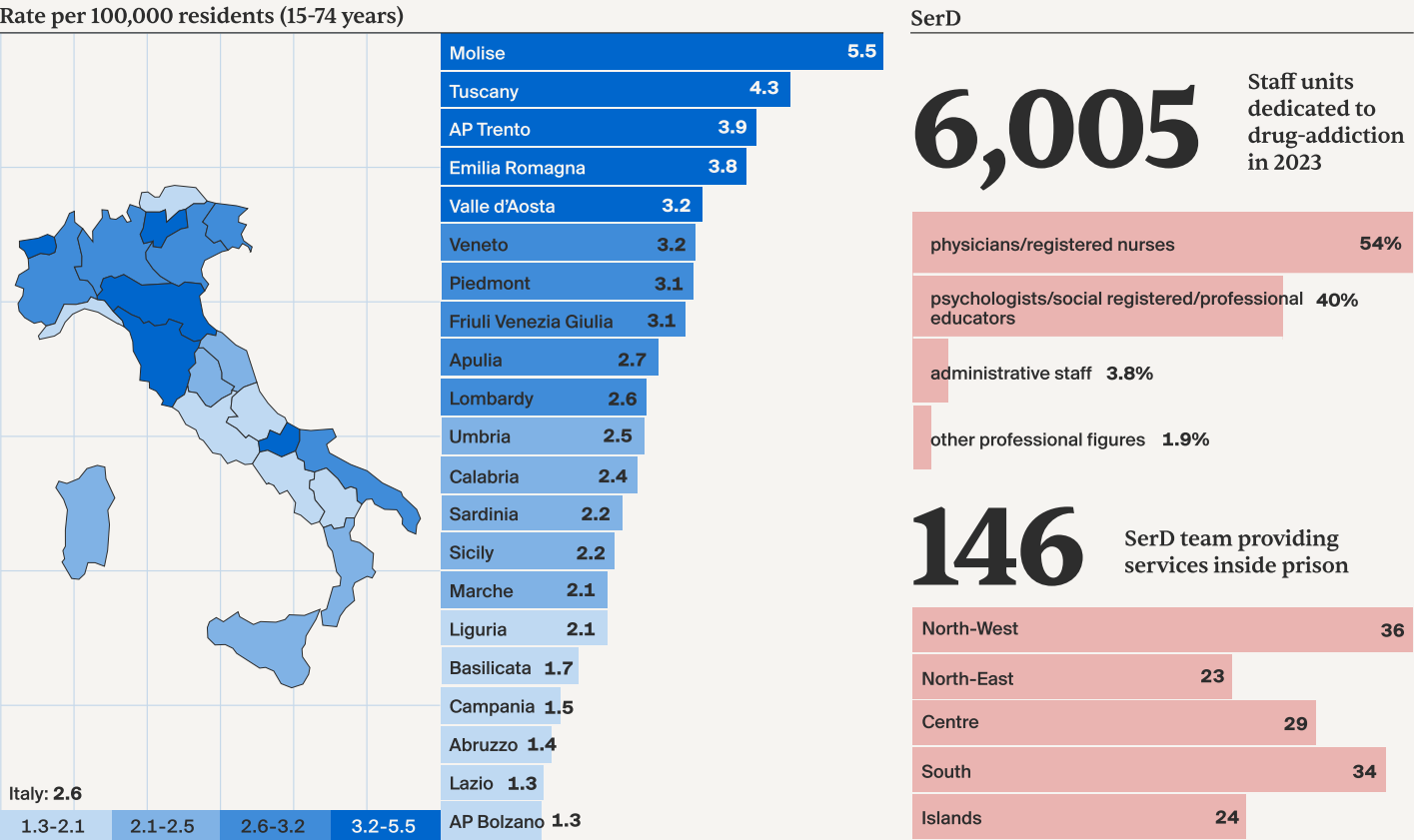
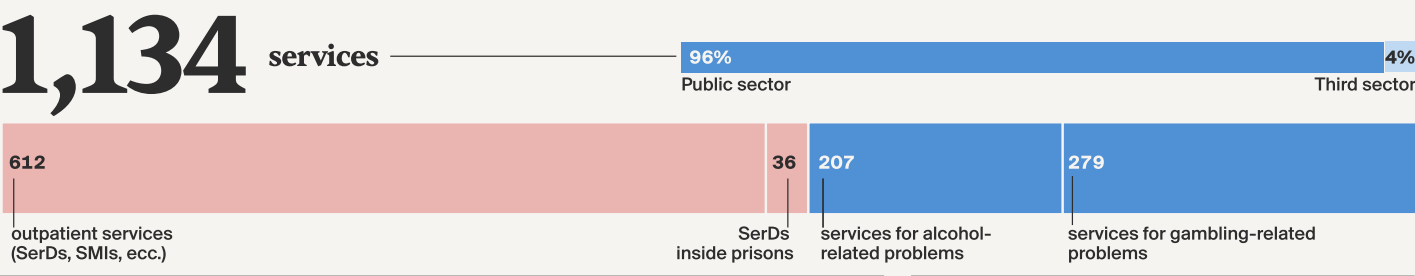


No. of regions/autonomous provinces that provide these services to at least 50% of those needing it

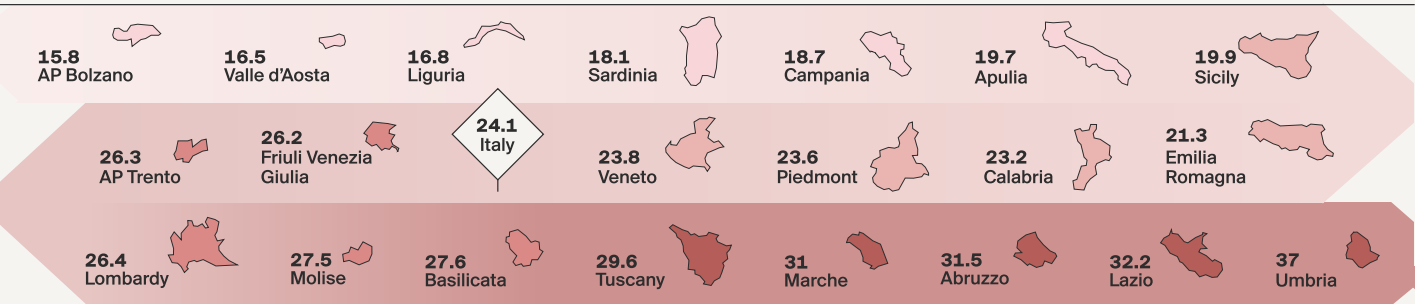


Source: Interregional Technical Group on Addictions – Health Commission of the Conference of Regions and Autonomous Provinces

Outpatient services

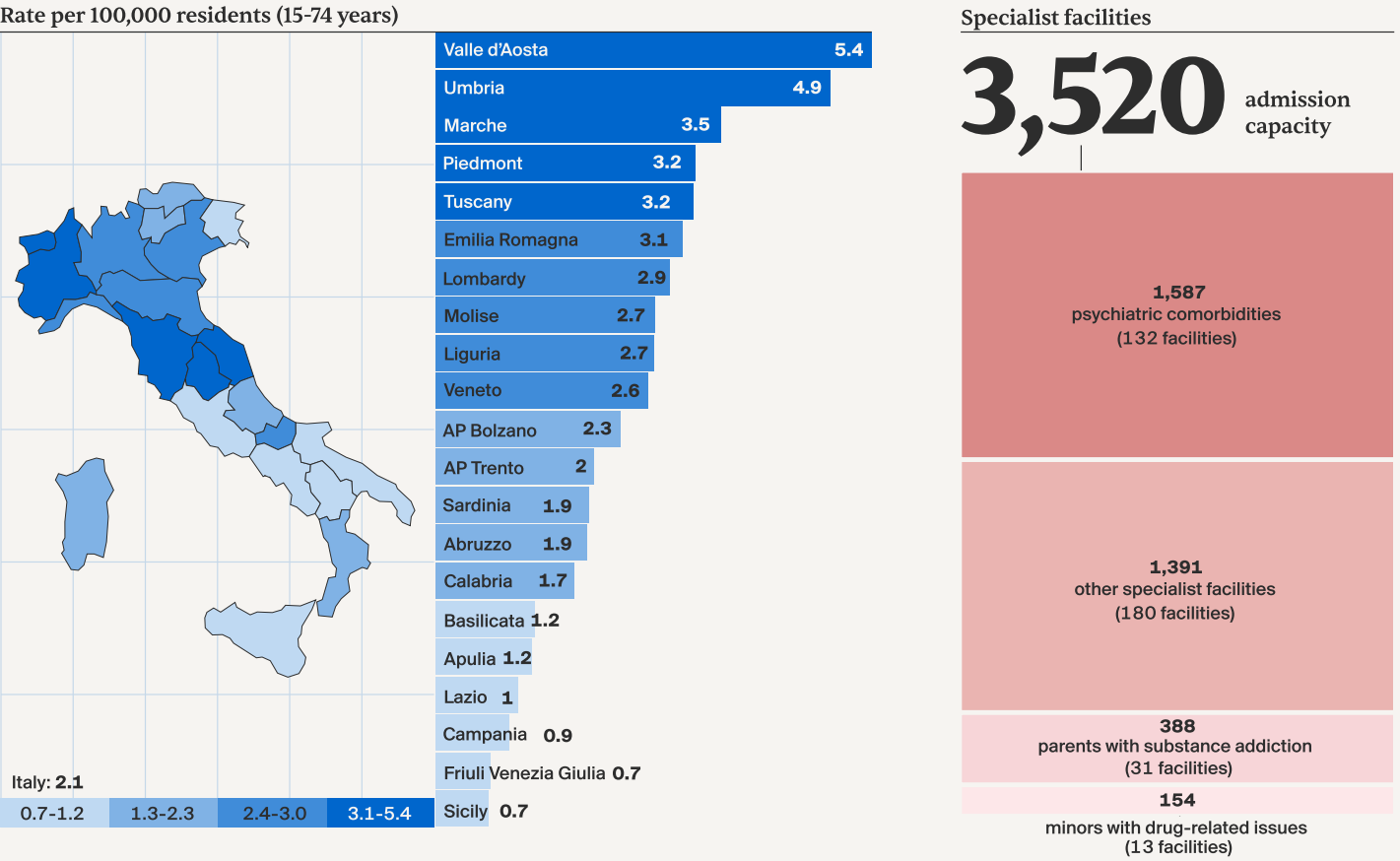
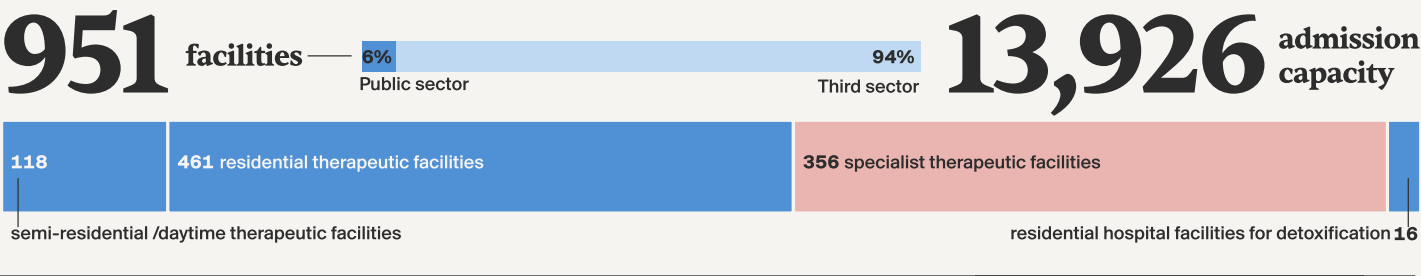


Average number of individuals with addiction per staff unit

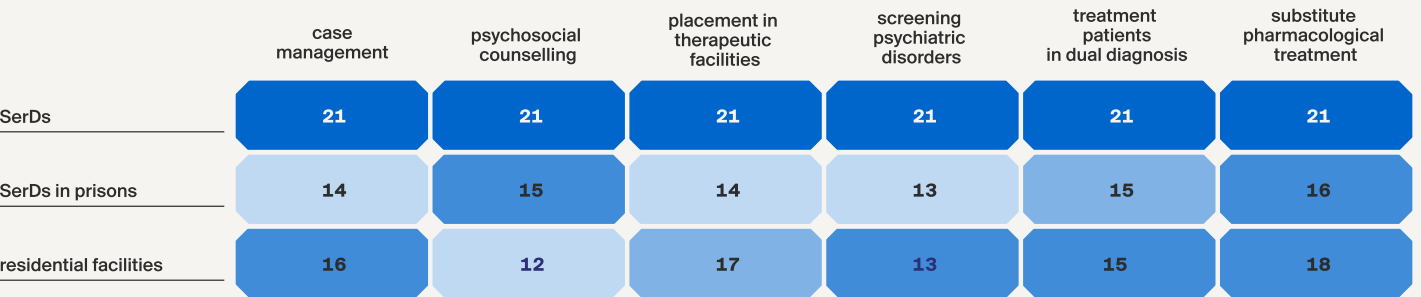


Due to rounding of number the sum of the percentage values could be between 99.1% and 100.9%
Sources: SIND Working Group; Ministry of Health; Interregional Technical Group on Addictions - Health Commission of the Conference of Regions and Autonomous Provinces; Ministry of Health on Annual Budget data 31/12/2023

Residential and semi-residential facilities



No. of regions/autonomous provinces that provide these services to at least 50% of individuals who require them



Source: Interregional Technical Group on Addictions – Health Commission of the Conference of Regions and Autonomous Provinces

As reported by Regional Administrations and Addictions Departments⁵, in 2024 a total of 367 prevention projects addressing the general population were implemented nationwide. Of these, 54% were selective-indicated interventions, while the remaining 46% were environmental-universal. Most of the initiatives (82%) focused on the community setting, while a significantly smaller portion targeted other areas: 7.9% addressed families, 6.5% addressed strategic, legal and institutional aspects, and 3.8% addressed nightlife environments. As to funding, 42% of projects were supported by regional funds, 12% received national funds, and 32% were carried out without any external funds.

Most **environmental and universal prevention initiatives** (82%) were community awareness activities on behaviours that can lead to addiction and on drug-related risks. Among interventions specifically aimed at families, approximately 39% focused on developing parenting skills and strengthening family relationships. Almost all projects were organised and carried out by the Departments for Addictions, and half in collaboration with social promotion and/or volunteer associations. The most common topics addressed in environmental-universal prevention projects for the general population were risky behaviours (52%), alcohol consumption (52%), and gambling (54%). Regarding target audiences, more than half of the initiatives (59%) involved the general population, 39% addressed minors, and 42% addressed young adults aged 18 to 30. One in three projects was directed at families, adults aged 31 to 64, and the healthcare and social workers of local units.

Selective and indicated prevention projects, aimed at specific groups considered to be at higher risk of psychoactive substance use or other risky behaviours, were active

in most regional areas and autonomous provinces. Over half of the interventions targeting the population aimed to inform and raise awareness about substance use, addiction-risk behaviours, and alcohol- and drug-related pathologies (61%). Additionally, 59% implemented training interventions to increase knowledge, skills, and social abilities useful for preventing consumption and risky behaviours. Furthermore, 55% developed educational interventions to address the same themes, and 16% aimed to encourage positive behaviours. Between 7% and 15% of initiatives involved more specific interventions, such as modifying physical and social environments to promote healthy lifestyles (environmental restructuring), introducing restrictive regulations to prevent and discourage risky behaviours, and early identification of individuals exposed to substance use through targeted actions and brief first-contact interventions. Within the selective and indicated prevention initiatives reported by the regions and autonomous provinces, all addressed the issue of risks related to illicit drug use, but also alcohol consumption, engaging in general addiction-risk behaviours, and gambling. Projects dedicated to smoking and problematic use of digital technologies were less widespread. In some regions, specific interventions on eating disorders were also launched.

In 93% of cases, the interventions were developed and promoted by the Departments for Addiction Services, often in collaboration with other local stakeholders: associations (involved in nearly half of the projects), services of the Third Sector (43%), and other services of the Local Health Authorities (41%). Almost half of the initiatives targeted youth in vulnerable situations (such as those outside the school system, early school leavers, students facing academic or social difficulties, homeless youth, or those belonging

to ethnic minorities). About one-third were aimed at the general population, while 24% focused on individuals receiving care from SerDs. To better reach their target audiences, nearly all projects were implemented in high-aggregation settings, such as youth centres, public events, parks, and public gardens. Additionally, 48% took place within local social and healthcare services, and 24% were carried out in the municipal community setting.

In 2024, within the Third Sector⁶, 91 facilities carried out **prevention projects targeting the general population (84 projects)**. As for **environmental and universal prevention** aimed at the general public, the initiatives continued along the lines of previous years, focusing primarily on raising awareness about the risks associated with substance use and potentially addictive behaviours. Special attention was given to promoting sports activities, outdoor initiatives, and alternative leisure opportunities, with the goal of actively engaging participants. Over 70% of environmental-universal projects addressed at-risk behaviours and gambling, while just over half focused on alcohol and drug use. These initiatives primarily targeted minors and young adults, who were the focus of more than 70% of the interventions.

In the area of **selective and indicated prevention**, over 60% of interventions focused on raising awareness about substance use, risky behaviours, and disorders related to alcohol and

drug abuse, offering targeted educational programs on these topics. Specifically, 71% of the initiatives addressed the issue of illicit drug use, while 64% focused on alcohol consumption.

In 2024 (as reported by yearly survey by the Regional Administrations and Addictions Departments⁵), a total of **328 school-based prevention projects** were implemented across all regions and autonomous provinces. Most of these (68%) was classified as **environmental and universal prevention**. Nearly half of these projects focused on developing and strengthening knowledge, skills, and social competencies to prevent the use of psychoactive substances and risky behaviours. Another 35% aimed primarily to increase awareness and information about the risks associated with substance use and addiction, while 23% offered educational programs on specific topics such as legality, responsible use of digital technologies, and road safety. The primary targets of these interventions were students and teachers, involved in 69% of cases. Activities mainly took place in upper secondary schools (73%) and lower secondary schools (58%).

As for **selective and indicated prevention initiatives within schools**, most focused on the consequences of alcohol and drug use and related disorders. The most common actions included awareness and information campaigns on the risks of substance use and risky behaviours (37%), followed by educational interventions on these topics (34%) and training programs designed to strengthen knowledge, skills, and social abilities useful for preventing risky behaviour (34%). In over 30% of cases, projects aimed primarily at the early identification of students showing at-risk behaviours related to psychoactive substance use, with short-term interventions planned to detect and address problematic situations early on. Unlike environmental and universal prevention programs, these selective and targeted prevention initiatives placed particular emphasis on the active involvement not only of students, but also of their families and school staff, promoting a more comprehensive educational collaboration.

⁵ Source: Interregional Technical Group on Addictions – Health Commission of the Conference of Regions and Autonomous Provinces; Public Departments and Services for Addictions of the Health Authorities of the Regions and Autonomous Provinces

⁶ Source: Survey on Third Sector Services conducted by the National Research Council – Institute of Clinical Physiology (CNR-IFC) in collaboration with the Presidency of the Council of Ministers – Department for Antidrug and Other Addiction Policies

The survey reveals a wide range of **school-based prevention initiatives (80 projects)**, most of which were environmental and universal, accounting for 56% of all interventions. These activities mainly took place in high schools, although other types of schools were also involved. Among the topics addressed, gambling emerged as the most frequently tackled issue, followed by drug use and at-risk behaviours in general.

Environmental and universal prevention activities were not limited to raising awareness about the dangers of substance use or behavioural addictions; in about one-third of cases, they also included moments of reflection on the responsible use of digital technologies—a topic that is becoming increasingly central among younger generations.

Concerning **selective and indicated prevention**—which accounts for 44% of all interventions—the initiatives focused almost exclusively on the risks associated with substance use, addictive behaviours, and alcohol- and drug-related disorders, through targeted educational programs. In almost all projects, students were the main target group; however, more than half of the initiatives also involved families and teaching staff.

Information on the high school student population was collected directly from high school principals through the **ESPAD®Italy 2024** questionnaire⁷. The data collected in the

study reveal that 90% of these schools have established **regulations to manage student behaviour and control alcohol and tobacco use** on their premises. Additionally, 60% of schools have organised dedicated days and/or educational activities focused on **preventing psychoactive substance use**, with this figure showing growth compared to previous years. Eighty-seven percent of schools have launched initiatives dedicated to preventing bullying and cyberbullying, 56% have focused on preventing risky behaviour while driving, and 35% have promoted activities against gambling. Moreover, 83% of the schools participating in the study have implemented an educational plan to counter school dropout, and 59% of school principals report that their schools also provide specific activities aimed at preventing this phenomenon.

Finally, 24% of schools adopted a training plan dedicated to the recovery of students certified with social withdrawal and 37% developed targeted activities for this purpose. Most prevention activities (72%) in schools involved **local health authorities and/or addiction departments and SerD services**, while 66% of initiatives involved **law enforcement**, 56% involved associations, and 30% involved local authorities. Furthermore, more than one-third of schools (36%) provided **specific teacher training** on the prevention of psychoactive substance use.

Very useful feedback on the prevention activities carried out by schools is drawn from the responses provided by **students** in the ESPAD®Italia 2024 study. Forty-six per cent of students participated in activities aimed at **preventing at-risk behaviours or promoting well-being**, such as meetings with expert staff within the school. The most frequently addressed topics were bullying/cyberbullying (82%), the use of psychoactive substances (65%), responsible use of the Internet (57%), tobacco consumption (43%), and gambling (34%). Students who participated in informational or preventive interventions related to the use of psychoactive substances showed **greater awareness** of the risks associated with substance use compared to their peers who

⁷ Source: ESPAD®Italia Study 2024, National Research Council - Institute of Clinical Physiology

1,562 drivers were sanctioned for driving in an impaired psychophysical state: 1,180 for driving under the influence of alcohol (Article 186 of the Highway Code), including 105 drivers under the age of 21 and newly licensed drivers, and 382 for driving under the influence of drugs (Article 187). 127 drivers were sanctioned for violating both articles. These checks led to the withdrawal of 1,375 driving licenses, the seizure or impoundment of 196 vehicles, and the confiscation of 1,153 grams of cannabinoids and 9 grams of cocaine.

Overall, during the checks, 18,418 drivers were subjected to **breathalyser tests**, 75% of whom were male and 44% over the age of 32. Among these, **1,081 tested positive** (equivalent to **5.9%**), with a blood alcohol concentration above 0.5 g/l. In 45% of the positive cases, the level was between 0.5 and 0.8 g/l; in another 45%, between 0.8 and 1 g/l; and in the remaining 10%, it exceeded 1.5 g/l.

A total of 3,399 **saliva screening tests** were conducted to detect the presence of illicit substances, and **520** of these (15% of drivers tested) indicated a **positive** result for at least one drug. Subsequent laboratory analyses confirmed **441** drivers as positive for drug use (equivalent to 85% of those who tested positive during the roadside screening). The most frequently detected substances were cannabinoids, found in 345 drivers—mainly aged 18 to 27—and cocaine, found in 196 drivers, primarily over the age of 32. Positive results were also recorded for amphetamines (41 cases) and opioids (25 cases).

had never taken part in specific prevention programs. Moreover, half of the students reported having had the opportunity to use cannabis but chose not to, while this figure drops to 39% among those who did not participate in such interventions.

In the field of **road safety, interventions focused on driving under the influence** – DUI (of either drug, alcohol or psychoactive substances), which is one of the main causes of accidents, alongside distraction, failure to yield, and speeding. In 2015, an inter-institutional protocol was established between the Department for Policies against Drugs and Other Addictions and the Department of Public Safety⁸. This agreement aims to more effectively address the issue by implementing new organisational measures to improve testing procedures. These include using specialised laboratories, involving doctors and healthcare personnel from the State Police, and experimenting with innovative methods for collecting biological samples directly at roadside checkpoints.

As part of the efforts to prevent road accidents caused by the use of drugs and alcohol, in 2024, a total of 444 operations were carried out across all Italian provinces. These involved 564 roadside checkpoints, with the deployment of 3,497 State Police officers and 1,004 doctors and healthcare personnel from the same force. In total, 16,348 vehicles and 21,752 individuals were checked. A total of

⁸ Source: Ministry of Interior – Department of Public Security – Traffic Police Service

In 2024, **Italian emergency departments** (EDs) recorded 8,378 **visits for drug-related conditions**, marking a slight decrease of 2.5% compared to the previous year¹⁰. These cases represented 0.05% of the total emergency department visits for the year. In six out of ten cases, the patient arrived at the ED via emergency services (118, the Italian toll-free phone number for emergency), while one-third of the patients reached the hospital independently. Less than 2% were referred by a specialist, general practitioner, paediatrician, or out-of-hours doctor.

Of the drug-related ED visits, **67%** involved **male patients**, with the highest **incidence** found in the **25–44 age group (43%)**. However, both very young and older individuals were also affected: 10% of visits involved minors, while 9% involved individuals over 64 (mostly female). Looking at the territorial distribution, the impact of drug-related ED visits varied significantly across regions. Nationally, there are 14 visits per 100,000 residents, but this figure differs considerably by region. For example, in Campania, Calabria, and the province of Trento, the rate was under 4 visits per 100,000 inhabitants, whereas in Piedmont, Aosta Valley, and Emilia-Romagna, it exceeded 25.

The reported drug-related diagnoses paint a clear picture: almost half of patients (**47%**) arrived at the Emergency Room due to **drug-induced psychosis**, **46%** for **substance abuse without addiction**, and **7%** with **drug addiction**. Among female admissions, the incidence of drug-induced psychosis was higher (60%), while abuse without addiction

was less frequent (33%). For males, however, the relationship was opposite: 51% were diagnosed with abuse without addiction, and 41% with substance-induced psychosis. The situation appeared similar among minors, with 45% of cases related to drug-induced psychosis and 51% to episodes of abuse without addiction.

Regarding the outcome of these visits, 11% of cases required hospitalisation, involving a total of 904 patients. Among these, 37% were transferred to a psychiatry ward and 17% to intensive care. Additionally, 4% of drug-related admissions required hospitalisation in the paediatric ward.

Hospital discharge records are a vital source of information for understanding the impact of drug use on the healthcare system and analysing how services respond to related health issues. In **2023** (the latest year for which data is available), there were **7,382 hospital admissions with a primary drug-related diagnosis**, a 13% increase from 2022¹¹.

This equates to 9.3 admissions per 10,000 total hospitalisations in Italy that year, marking a growing trend from almost 6 per 10,000 in 2012, and reaching its **highest value in 2023**.

Males accounted for 70% of these admissions. Individuals of foreign nationality steadily increased until reaching a peak 9% in 2017 and stabilising between 8% and 10% in subsequent years. A significant trend is the growing gender gap, where male admissions were 1.5-fold higher than for women in 2012 and 2.4-fold higher (peak value) in 2023.

Overall, over the last decade, the **average age of patients** hospitalised for illnesses directly attributed to drug use has been constantly declining, down to 38 years in 2024, with the average age being 37 years among men and 41 among women. As to the distribution of hospitalization by age groups, 17% of hospitalizations involved youth under 24 years of age, 28% involved adults between 25 and 34, 24% those 35-44 years, (56% male vs. 44% female), and 12% of individuals over 55 (20% females vs. 9% males). Noteworthy is the increasing trend for hospitalisations among the 25-34 age group showing the highest hospitalisation rate for drug-related causes accounting for 33 admissions per 100,000 residents in that age group, and among those aged 15-24 and 45-54 per 100,000.

At national level, in 2023 the standardised hospitalisation **rate for conditions directly related to drug use** reached nearly **14 admissions per 100,000 inhabitants**, surpassing pre-COVID-19 pandemic levels and highlighting a marked difference between the various geographical areas of the country. The phenomenon is particularly concentrated in the northern regions, which alone account for 69% of drug-related hospitalisations. In detail, 42% of hospitalisations

occurred in the northeastern regions, especially in facilities located in Emilia-Romagna, while 27% in the northwest, mostly in Lombardy. In these areas. The impact of hospitalisations on the healthcare system is significant: in the Northeast, there are 18 drug-related admissions for every 10,000 total hospitalisations (with a peak of 25.6 in Emilia-Romagna), while the rate is 9.2 in the Northwest, compared to a national average of 9.3 per 10,000 hospitalisations.

Considering the substances listed in the primary diagnosis, nearly half of drug-related hospitalisations (47%) involve the use of mixed or unspecified substances, with a higher prevalence among female patients. In 2023, 30% of drug-related hospitalisations were directly attributed to cocaine use, while 15% were linked to opioid use; those related to cannabinoids accounted for approximately 7% of the total, while those associated with stimulant or hallucinogenic substances were 1%.

An analysis of the phenomenon’s evolution over the past decade shows a gradual increase in hospitalizations directly related to the use of cocaine and cannabinoids, alongside a decline in those associated with heroin/opioids: in 2013,

⁹ In Italy, the Decree of December 18, 2008 is currently in force, according to which “clinical information contained in the hospital discharge form... must be coded using the Italian 2007 version of the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), and its subsequent amendments and additions, or any future revisions.”

¹⁰ Source: Ministry of Health – Directorate General for Digitalization, Health Information System and Statistics – EMUR Data Flow

¹¹ Source: Ministry of Health – Directorate General for Digitalization, Health Information System and Statistics – SDO Data Flow

these accounted for 12% and 5% of the total, respectively, while opioid-related hospitalizations were much more widespread, reaching nearly 24%.

As to the primary drug-related diagnoses, 65% involved a condition of addiction (71% males), while 33% were classified as drug abuse (49% females)—highlighting a significant gender difference. Differences are also evident when considering specific substances.

Hospitalisations related to opioid use and mixed or unidentified substances were predominantly associated with diagnoses of addiction, while those involving cannabinoid use were mainly classified as cases of abuse.

The differences are also evident when considering specific substances. Hospitalisations related to the use of opioids and mixed or unidentified substances were predominantly associated with a diagnosis of dependence, whereas those related to the use of cannabinoids were mainly classified as cases of abuse. In the case of cocaine, diagnoses of addiction and abuse were evenly distributed.

Among the secondary¹² diagnoses reported alongside the primary drug-related diagnosis, mental disorders were the most frequent, affecting 63% of cases, with a clear prevalence among men (69% compared to 53% among women). Medical conditions related to the nervous system and sensory organs were reported in 10% of cases, with a higher incidence among women (22% versus 4% in men).

When considering **all diagnoses listed on hospital discharge records** (including the primary and up to the first five secondary diagnoses), the **total number of hospitalisations** related to drug use increases significantly. In 2023, these cases reached **22,311**, marking a 14% increase compared to 2022.

The incidence of drug-related hospitalisations was 28 for every 10,000 total hospital admissions that year, and the **national hospitalisation rate** directly or indirectly related to

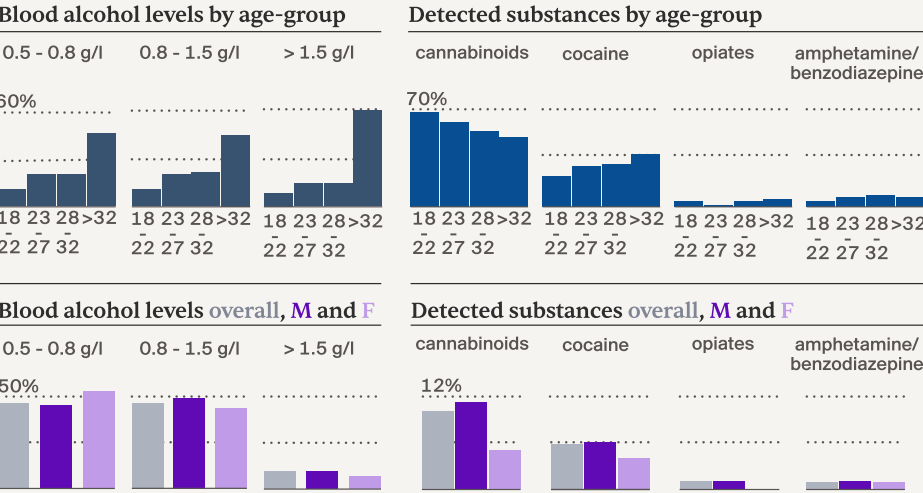
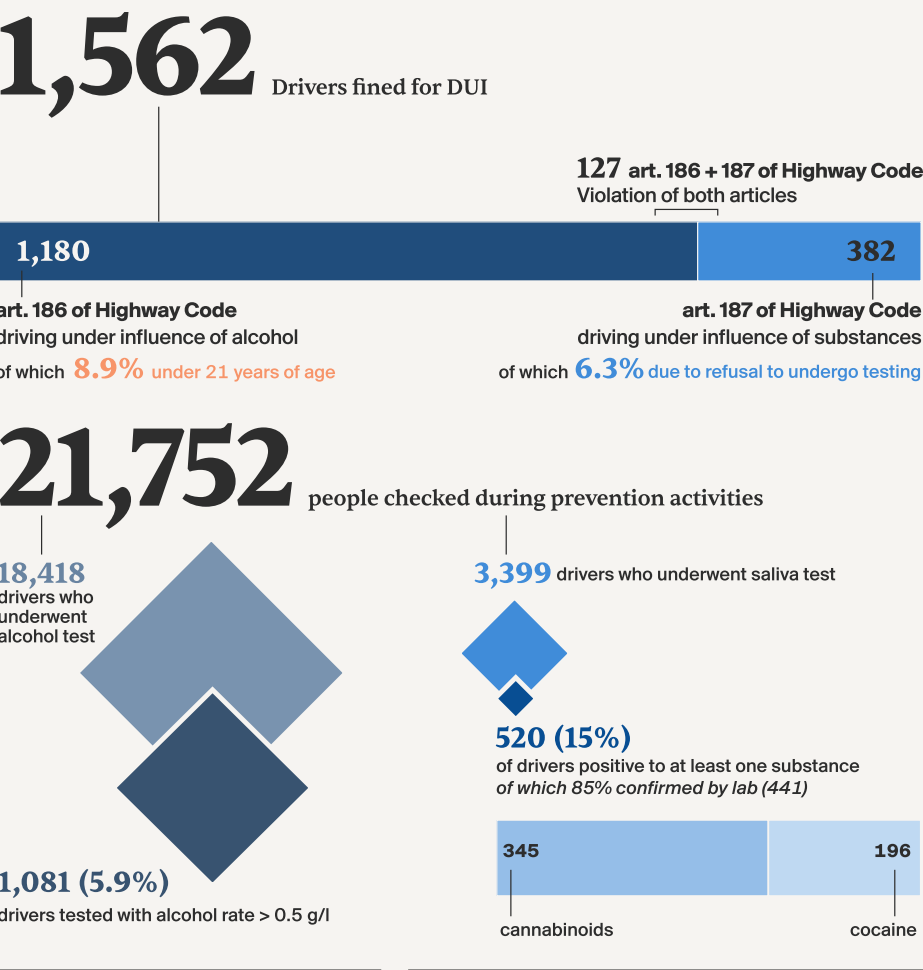
substance use stood at nearly **41 per 100,000 inhabitants**. This rate was particularly high among residents in northern Italy, where the phenomenon is more pronounced. In fact, the impact on hospital facilities in the northwestern and northeastern regions—where 61% of drug-related hospitalisations were managed— was 53 and 45 hospitalisations per 100,000 inhabitants, respectively. In southern Italy, the rate was significantly lower, at 24 per 100,000 residents, while in the islands it stood at 32.

Observation of the substances mentioned in hospital diagnoses highlights that **38%** of cases were **related to cocaine use, 29% to cannabinoids, 18% to opioids**, and 2% to stimulant or hallucinogenic substances. Additionally, 36% of hospitalisations referred to mixed or unspecified substances. This picture differs from that drawn by analysing only the primary diagnosis. When all diagnoses are considered, there is a higher incidence of hospitalisations related to cannabinoids, with a steadily increasing trend: in 2013 they accounted for 17% of all cases, whereas in 2023 they exceeded 29%. Hospitalisations with at least one diagnosis related to cocaine use also increased, rising from 18% in 2013 to 38%. Conversely, hospitalisations linked to opioid use show a significant decline: ten years ago, they made up 31% of cases, but today they have dropped to 18%.

¹² Hospital discharge records include up to 5 secondary diagnoses in addition to the primary diagnosis

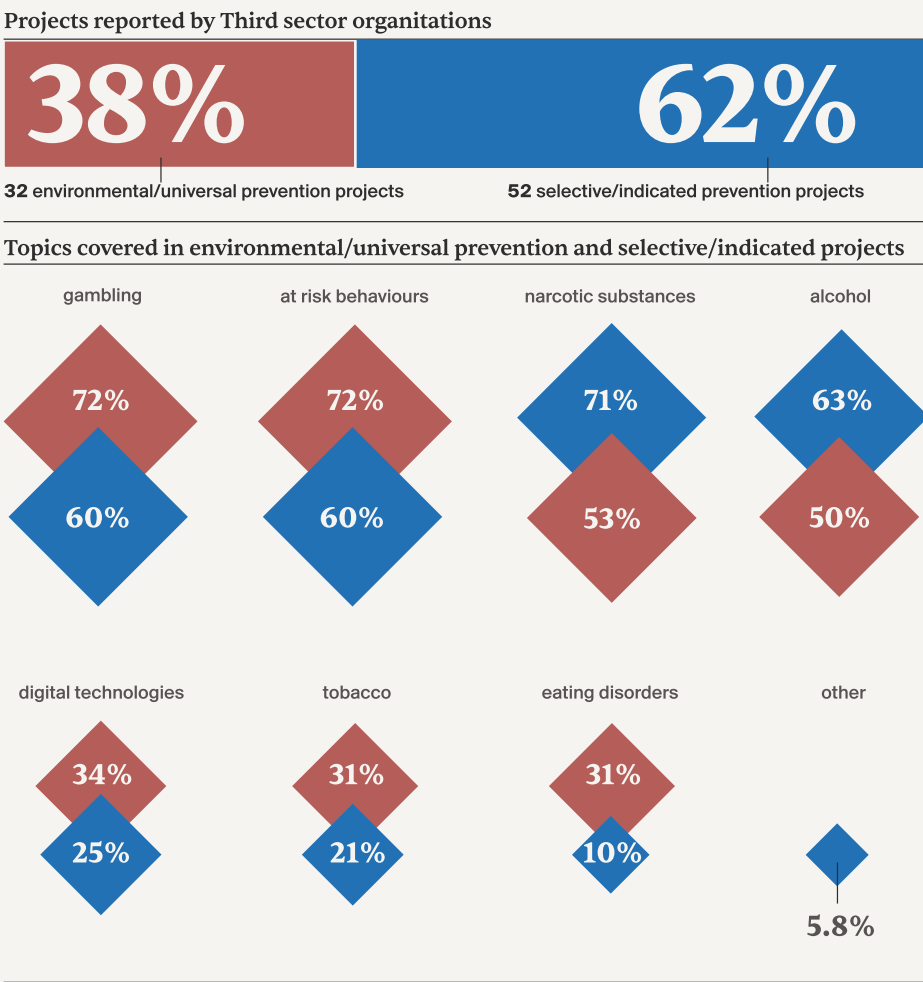
Table 3.2.
Activities and prevention during 2024

Prevention of alcohol and drug-related road accidents



Source: Ministry of Interior – Department of Public Security – Traffic Police Service

Prevention projects for the general population



* The total exceeds 100% as some projects have received funding from multiple sources of different types
Source: Survey on Third Sector Services. Statistics by the National Research Council – Institute of Clinical Physiology (CNR-IFC)

Projects reported by Regions/Autonomous Provinces and by Addiction Departments

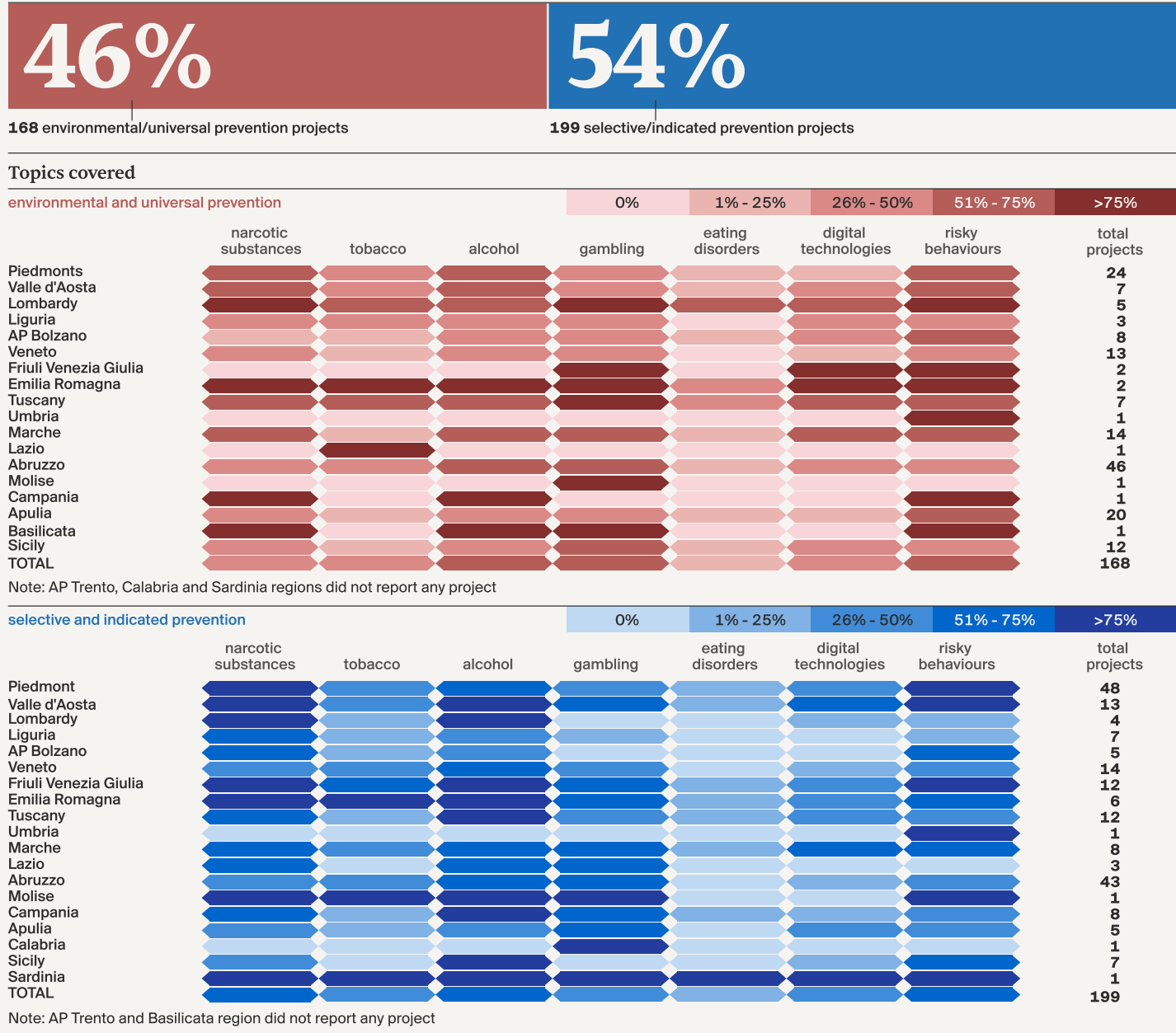
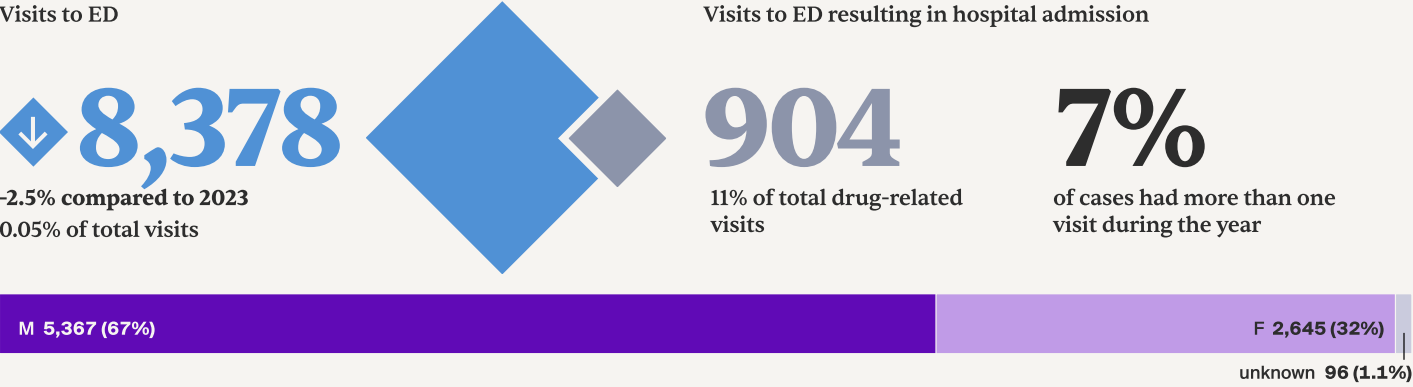
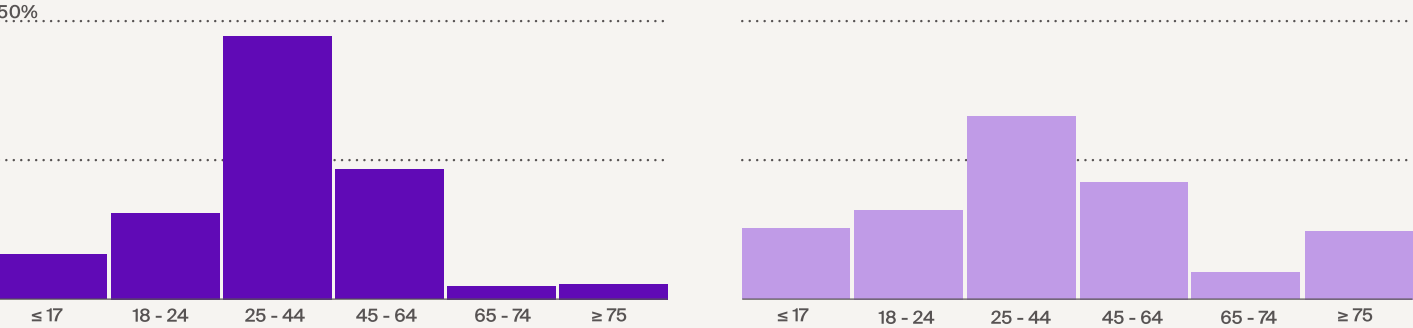


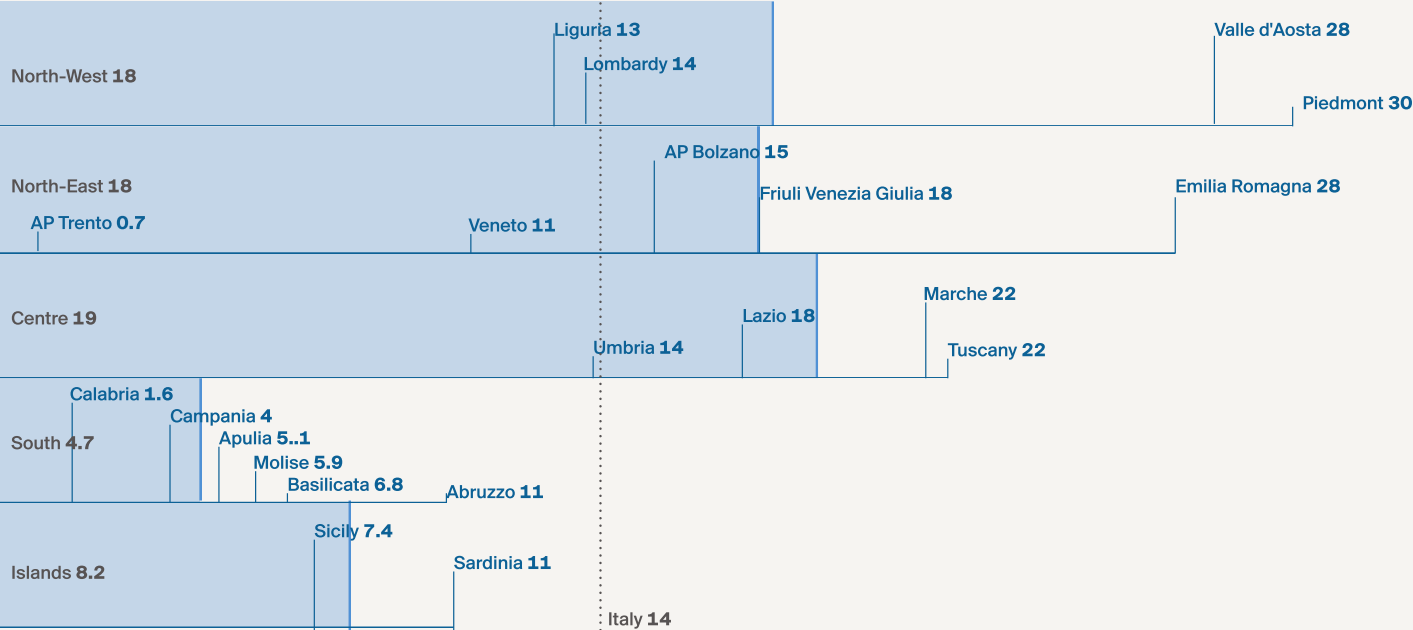
Table 3.3
Drug-related visits in Emergency Department during 2024



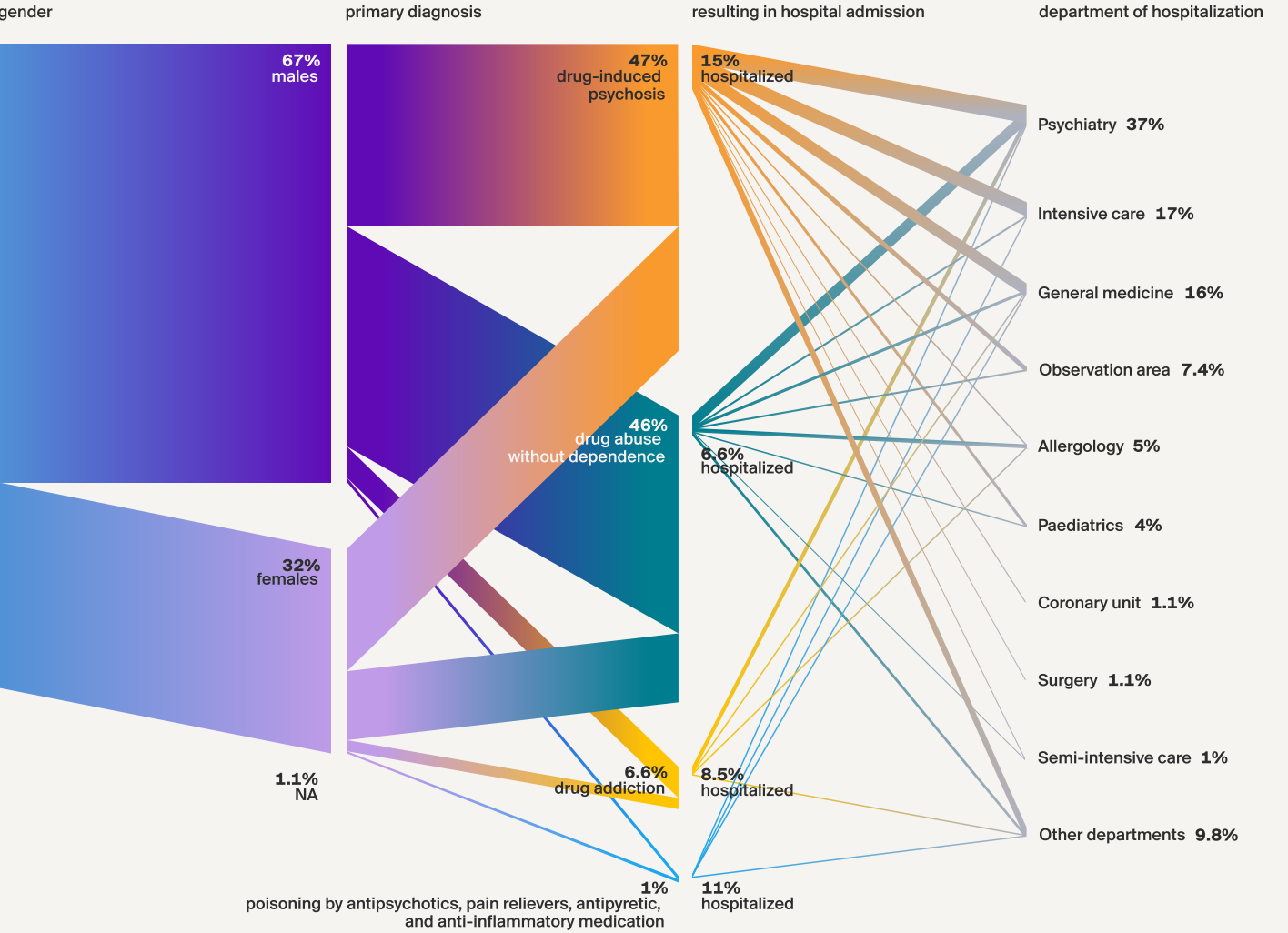
Distribution by age-group and gender M and F



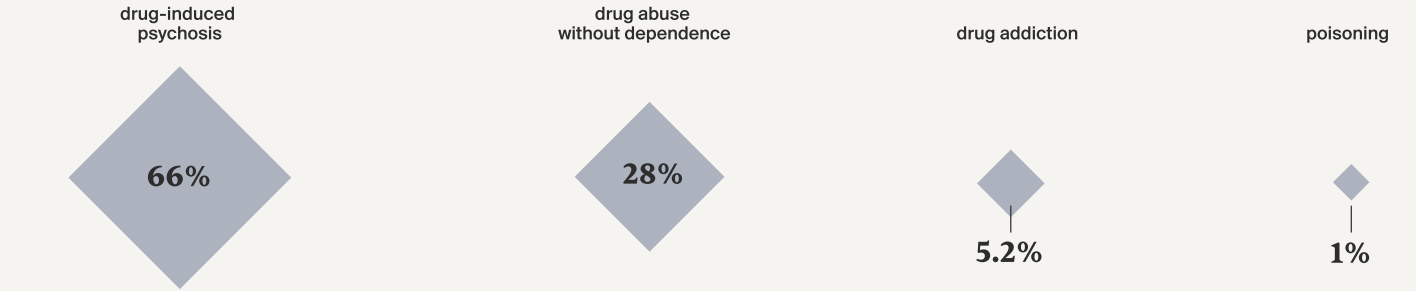
Rate per 100,000 residents



Diagnosis* and department of hospitalization related to drug-related ED visits



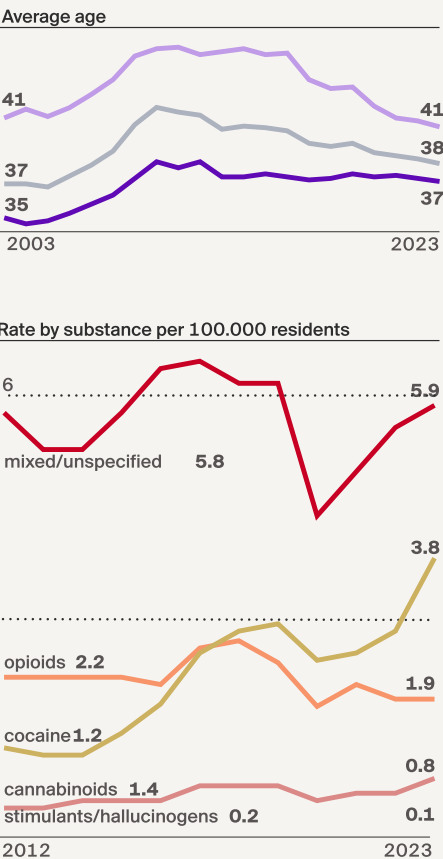
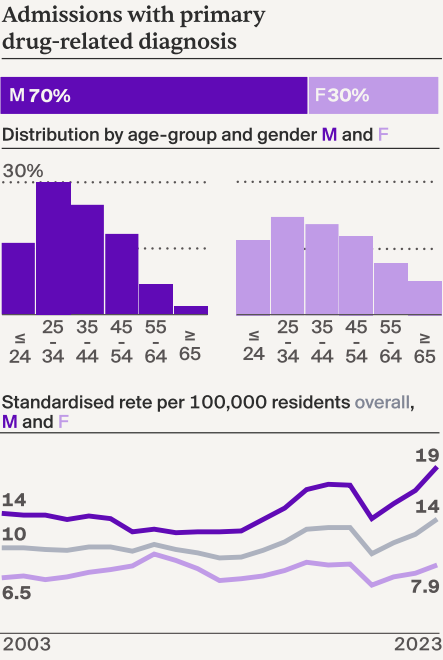
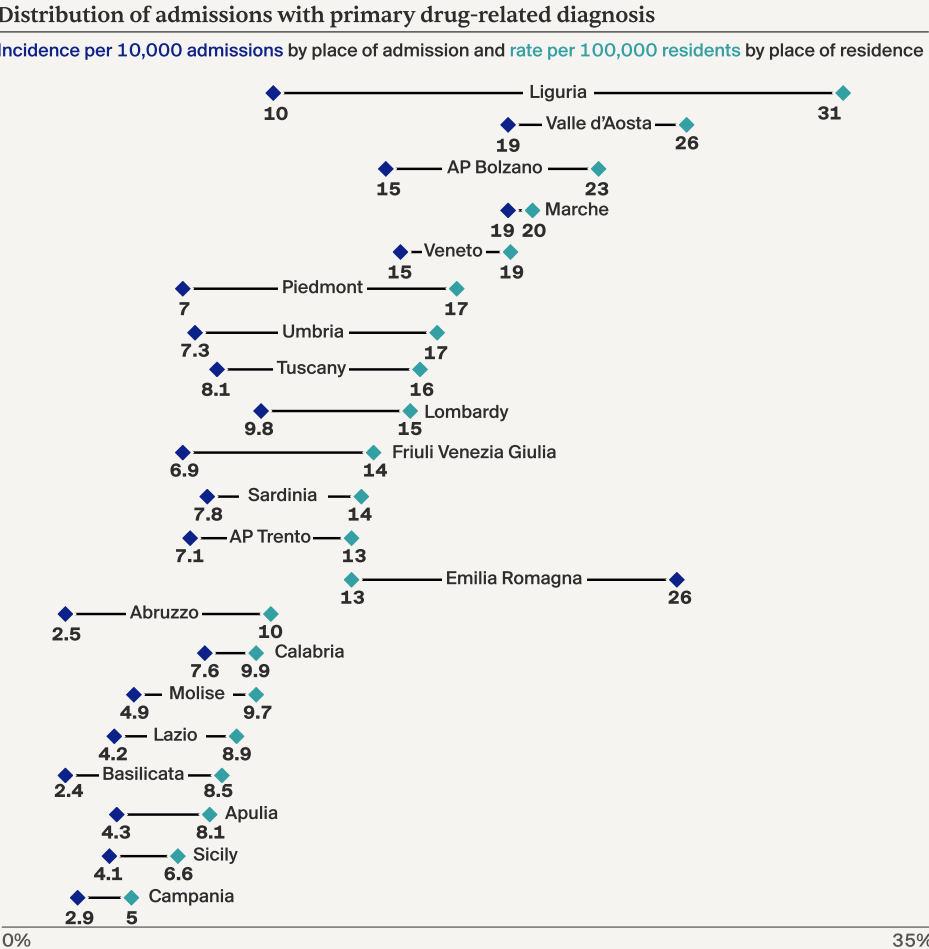
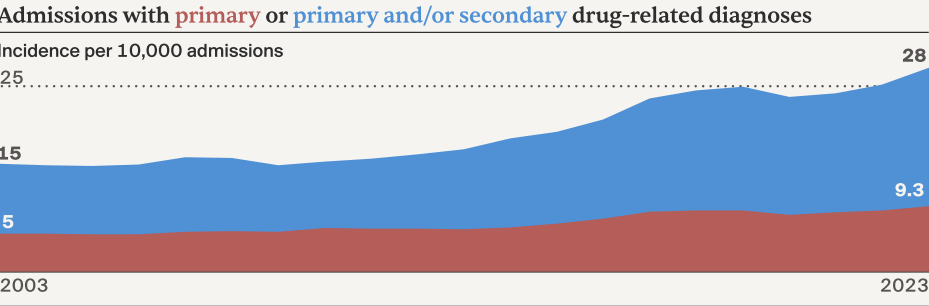
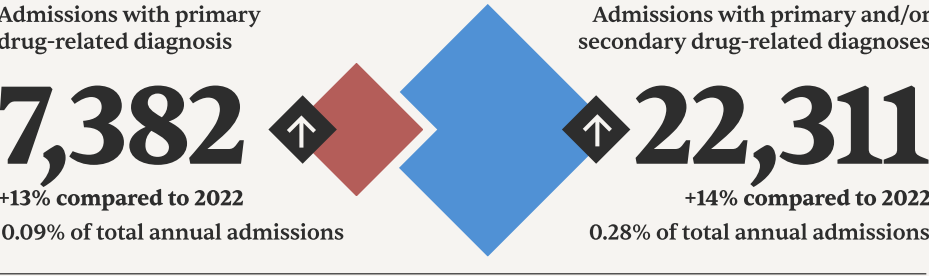
Visits drug-related resulting in hospital admission by diagnosis*



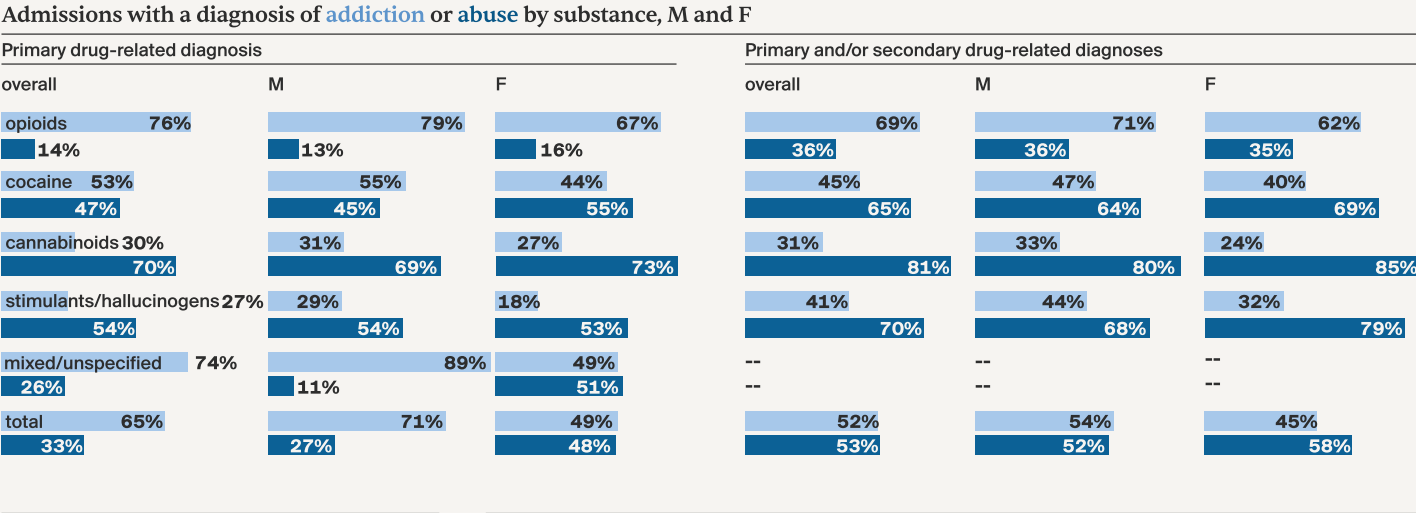
* Diagnoses are defined according to the ICD-9-CM classification, Ministerial Decree 18 December 2008
Due to rounding of number the sum of the percentage values could be between 99.1% and 100.9%
Source: Ministry of Health – Directorate General for Digitalization, Health Information System and Statistics – EMUR Data Flow

Table 3.4
Drug-related hospital admissions during 2023

Drug-related hospital admissions

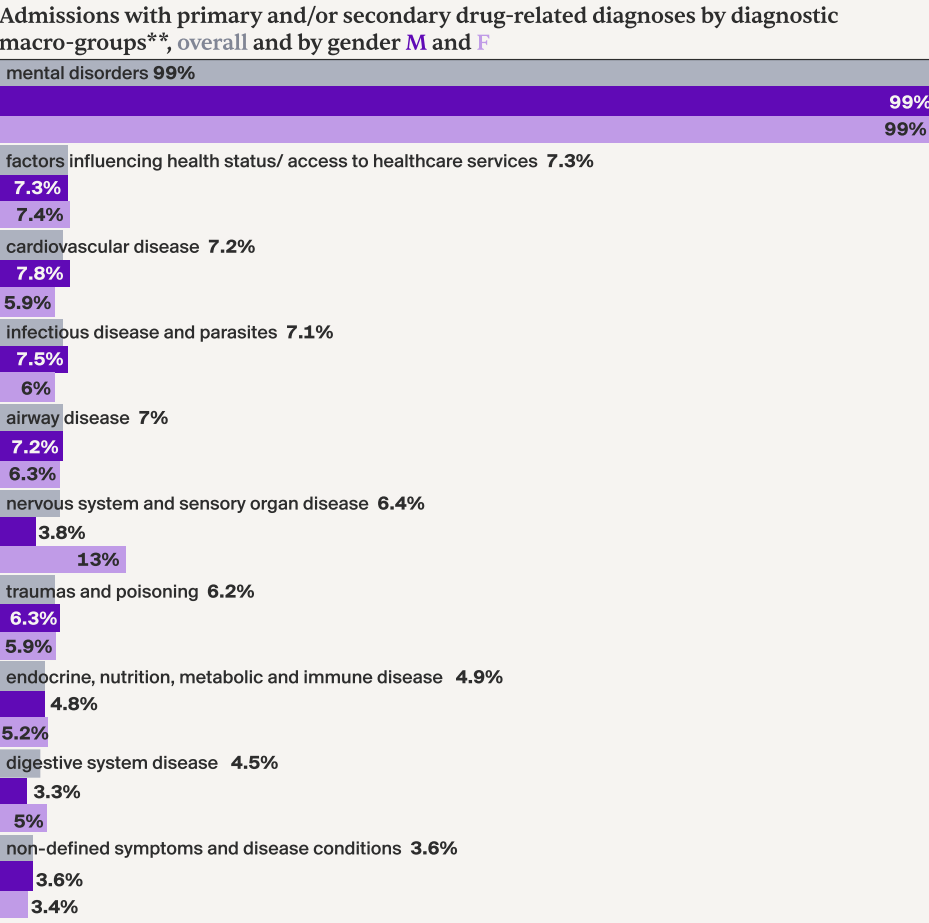
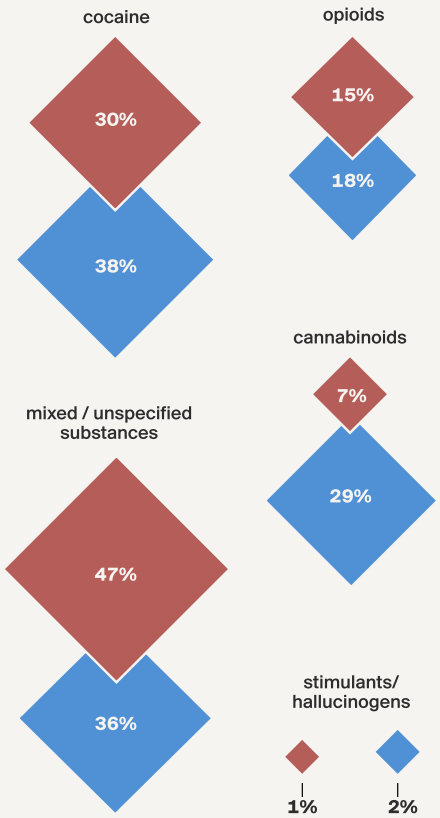


Substances and diagnoses* of admissions



Admissions with **primary** and/or **secondary** drug-related diagnoses

% by substance



* Diagnoses are defined according to the ICD-9-CM classification, Ministerial Decree 18 December 2008
** The 10 diagnostic macro-groups with the highest percentage of drug-related admissions are reported.
Source: Ministry of Health – Directorate General for Digitalization, Health Information System and Statistics – SDO Data Flow

In 2024, the public addiction services (SerDs) assisted a total of **134,443 individuals for the use of illegal substances and/or non-prescribed psychotropic drugs**¹³. Around 88% of these individuals were already in treatment in previous years, and 85% were male.

At the national level, the treatment rate stands at 228 individuals per 100,000 inhabitants, with notable differences between the country’s macro-areas. For example, in the central regions, there are up to 277 individuals in treatment per 100,000 residents, largely due to the regions of Marche and Umbria (360 and 351 per 100,000 residents, respectively), whereas in the island and southern regions, the rate drops to 190 and 151.

In terms of age distribution, 63% of individuals attending SerDs were between 30 and 54 years old, 23% were over 54, and 14% were under 30, reflecting a **gradual ageing of the treatment population**. In 1999, only 11% of individuals in treatment were over 39, a figure that rose to 40% in 2009 and reached 64% in 2024. This trend is further underscored by the rise in average age: in 2024, the average age of people in treatment was 43. Between 1999 and 2024, the average age among new accesses increased from 28 to 34, while for individuals already in care in SerDs rose from 31 to 45 years.

Considering the primary substance for which individuals were being treated, in 2024, **59%** of users were under care for **opioids** (56% specifically for heroin), **23%** for **cocaine**, with an additional **3.3%** for **crack**, and **13%** for **cannabinoids**. However, when secondary substances are also taken into

account, the picture changes significantly: 42% of users had used cocaine, 30% cannabinoids, and 5.2% crack; the share of heroin users remained nearly unchanged at 59%, which rises to about 64% when other opioids are included.

Focusing on the distinction between individuals accessing the SerDs for the first time and those who had already accessed, 45% of the former were in treatment primarily for cocaine/crack use, 34% for cannabinoids, and 18% for opioids. The profile is different among those who had already accessed the services: 64% were treated primarily for opioid use, 25% for cocaine/crack, and 10% for cannabinoids. A similar pattern is observed among women: 39% of new female users were in treatment for primary use of cocaine/crack, 29% for cannabinoids, and 22% for opioids. Among women who had already accessed the services, 69% were being treated for opioid use, followed by 20% for cocaine/crack and 8% for cannabinoids.

Over time, **the proportion of individuals in treatment for primary opioid use has declined**: from 87% in 1999 to 70% in 2009, 63% in 2022, and 59% in 2024. In contrast, there has been a steady increase in the proportion of those in treatment for primary cocaine/crack use: from

4.4% in 1999 to 16% in 2009, 24% in 2022, and 27% in 2024. There has also been an increase over time in the share of individuals treated for primary cannabinoid use: from 8.2% in 1999 to 9.3% in 2009, reaching nearly 13% in 2024.

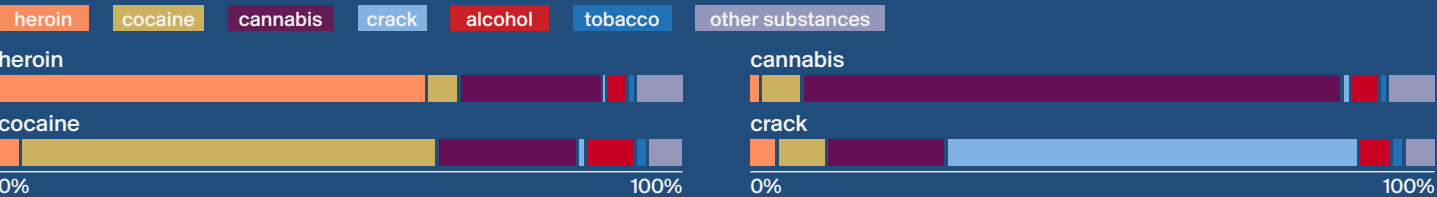
First time use drugs

Data from SerDs drug treatment centres highlight that the primary substance of use among most individuals accessing services in 2024 was the same substance they reported to be their first-used substance¹⁴. Specifically, this is true for 81.3% of individuals in treatment for cannabinoid addiction, for 62.2% of individuals with crack addiction, 65% of those with heroin addiction, and 58.5% of those using non-prescribed benzodiazepines. Regardless of the primary substance for which individuals were receiving treatment in 2024, cannabinoids were widely present as the first drug used, across all groups, reaching 21% among those in treatment for primary use of heroin. Alcoholic substances as the first substance used were also present in a non-negligible percentage among 6.7% of cases treated for cocaine addiction, 4.4% of those in treatment for crack addiction, 3.8% of those in treatment for cannabinoid addiction, and 2.3% of heroin addiction.

Individuals in care at SerD, divided by primary drug of treatment and drug of first use, 2024

Drug of first use	Primary drug of treatment										Total	
	Heroin		Cocaine		Cannabis*		Crack		Other substances			
	n.	%	n.	%	n.	%	n.	%	n.	%	n.	%
Heroin	48,032	65.0	1,037	3.2	196	1.2	182	4.0	487	8.2	49,934	37.4
Cocaine	3,130	4.2	20,465	62.6	912	5.5	302	6.7	266	4.5	25,075	18.8
Cannabis*	15,554	21.0	6,783	20.7	13,448	81.3	779	17.3	847	14.3	37,411	28.0
Crack	159	0.2	140	0.4	108	0.7	2,804	62.2	19	0.3	3,230	2.4
Alcohol	1,680	2.3	2,185	6.7	634	3.8	197	4.4	309	5.2	5,005	3.7
Tobacco	469	0.6	347	1.1	148	0.9	44	1.0	41	0.7	1,049	0.8
Other substances	4,904	6.6	1,743	5.3	1,103	6.7	202	4.5	3,958	66.8	11,910	8.9
Total	73,928	100.0	32,700	100.0	16,549	100.0	4,510	100.0	5,927	100.0	133,614	100.0

Distribution of individuals in treatment at SerD divided by primary drug of treatment and drug of first use, 2024



**Cannabis: Leaves and Flowering Tops or Resin*
The data provided refer to the 2024 reporting from the SIND information flow—the most recent available—and concern the primary substance for which individuals currently in treatment at the SerDs (Addiction Services) are being treated, in relation to their first substance

¹³ Source: SIND Working Group: Ministry of Health – Directorate General for Digitalization, Health Information System and Statistics; Interregional Technical Group on Addictions – Health Commission of the Conference of Regions and Autonomous Provinces.

¹⁴ Source: Ministry of Health – Directorate General for Digitalization, Health Information System and Statistics – National Addiction Information System (SIND)

Table of Contents	<p>Finally, access to rehabilitation facilities as an alternative to detention was granted at similar frequencies across all substance types, ranging between 4% and 5%.</p>	<p>among individuals initially at freedom were revoked in 2024. Of these revocations: 27% were attributed to non-compliance with the assigned individual treatment program, and 3.1% were due to the commission of new offences. Among individuals who had entered probation from incarceration, house arrest, or home detention, the revocation rate was higher, at 44%. Of these revocations: 35% were due to negative rehabilitation progress, and 2.4% stemmed from new criminal offenses. It is important to note that these figures remain provisional, as final assessments will be available only upon the completion of all case evaluations and procedural reviews.</p>
Table of Visual Contents	<p>As of December 31, 2024, the number of individuals under alternative measures to detention reached 46,366, marking a 13% increase compared to the same date in 2023²³. Among them, 4,218 individuals—equivalent to 9% of the total—were on probation for alcohol- and drug-related issues, under the care of the probation office (<i>Ufficio di Esecuzione Penale Esterna</i>, UEPE). While these addiction-related probation cases rose by 8% from 2023, their relative proportion among all alternative measures has continued a long-term decline, falling from 15% in 2015 to 9% in 2024. Regarding the origins of these probation cases: 67% involved individuals transitioning from incarceration; 25% involved those at freedom (i.e., not previously detained); 8% concerned individuals coming from home detention. The majority of those on probation (95%) were male, and 84% were Italian nationals. Regarding age distribution, 33% were between 40 and 49 years old, 30% between 30 and 39, 21% between 50 and 59; approximately 11% were under 30 years old, and nearly 6% were over 60.</p>	<p>Another alternative measure was community service work (<i>lavoro di pubblica utilità</i>, LPU), a substitute criminal sanction granted to individuals who are not incarcerated, applied in specific cases of violations of the Drug Law (Art.73 DPR No.309/1990) and the Highway Code. In 2024, 9,537 people benefited from this, a 7% decrease compared to the previous year. Of these, 790 had been convicted of drug-related offences, representing 8.3% of people assigned to community service. The incidence of LPU sanctions applied to those convicted of drug-related crimes has increased over time, rising from 5% in 2013 to 8% in the last two years. Half of the recipients were aged between 30 and 49, 15% were under 30, and 13% were over 60. Regarding the type of activity performed, 69% worked in social, assistance, and healthcare fields, 8% were involved in the maintenance of buildings and public services, and 5% worked in environmental and cultural sectors.</p>
Chapter 1	<p>During 2024, the UEPE probation office assisted 6,602 individuals with alcohol and drug addiction under alternative measures, encompassing both new admissions and those carried over from previous years. This group accounted for approximately 9% of the total caseload, consistent with figures reported in 2023. With regard to revocations of alternative measures, 36% of all completed and closed cases</p>	
Chapter 2		
Chapter 3		
Chapter 4		
Chapter 5		

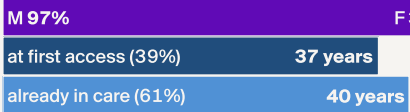
Table 3.5.
Assistance in outpatient services and therapeutic facilities during 2024

Assistance to persons living in prison - PLIP

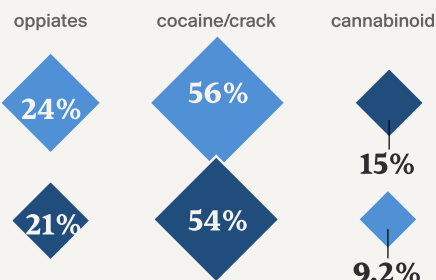
PLIP treated during the year

28,679

PLIP who received at least one SerD service



Primary substance among PLIP at first access and already in care



Source: Interregional Technical Group on Addictions – Health Commission of the Conference of Regions and Autonomous Provinces; Public Departments and Addictions Units of the Regions and Autonomous Provinces Health Authorities

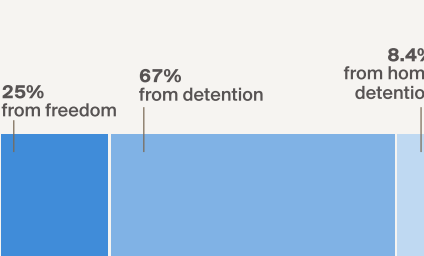
Individuals with substance/alcohol addiction under alternative measures to detention on Dec, 31st

4,218

on probation

M 95% F 5%

Distribution by condition upon assignment of measure



Due to rounding of number the sum of the percentage values could be between 99.1% and 100.9%

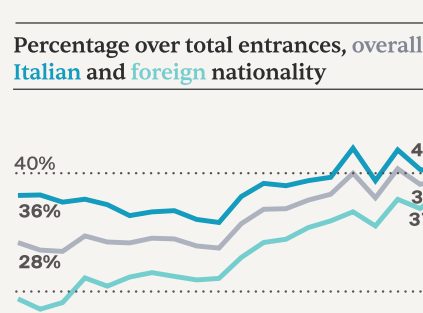
Source: Ministry of Justice – Department of Juvenile and Community Justice

PLIP with drug addiction present on Dec, 31st

Percentage over total prison population, overall, by Italian and foreign nationality



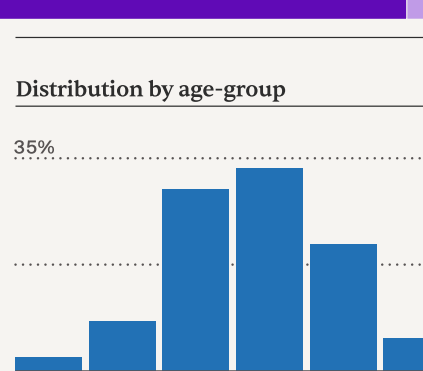
Primary substance among PLIP at first access and already in care



Percentage over total entrances, overall by Italian and foreign nationality

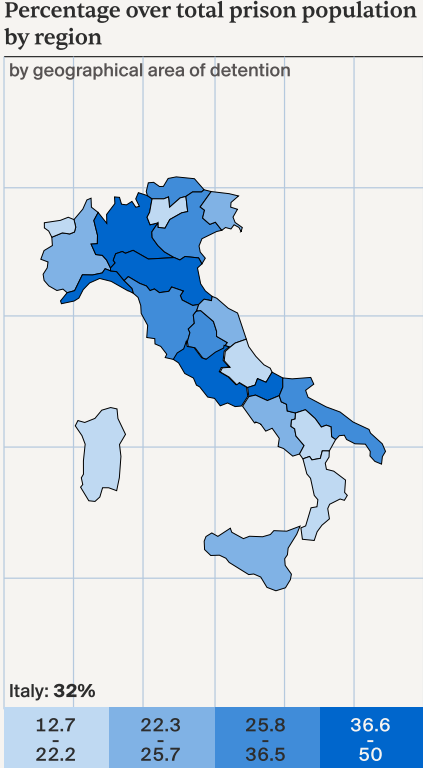


Temporal trend



Source: Ministry of Justice – Department of Penitentiary Administration

Percentage over total prison population by region



Individuals with substance/alcohol addiction under alternative measures to detention on Dec, 31st

4,218

on probation

M 95% F 5%

Distribution by condition upon assignment of measure



Due to rounding of number the sum of the percentage values could be between 99.1% and 100.9%

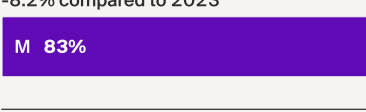
Source: Ministry of Justice – Department of Juvenile and Community Justice

Assistance in therapeutic facilities of the Third sector

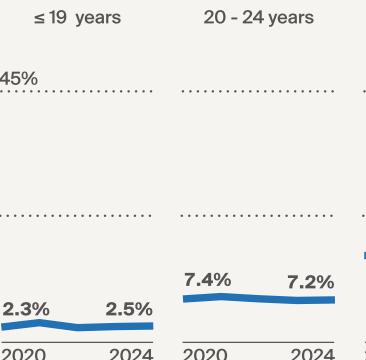
Individuals treated during the year

23,977

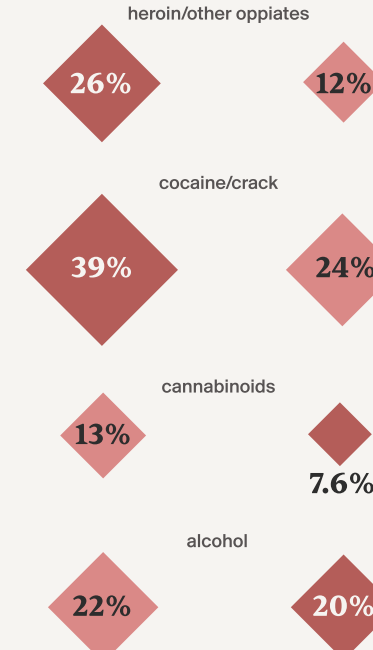
-8.2% compared to 2023



Distribution by age-group



Primary and secondary substances of treatment

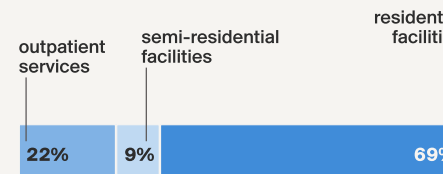


Due to rounding of number the sum of the percentage values could be between 99.1% and 100.9%

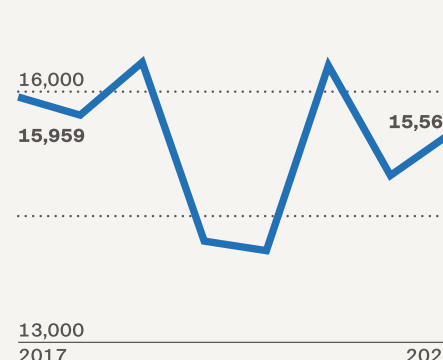
Source: Ministry of Interior – Department for general administration, personnel policies of the civil administration, and instrumental and financial resources – Office V

Individuals present on Dec, 31st

individuals by type of facility



Temporal trend



Rate of individuals in care on Dec, 31st



Outpatient assistance

Individuals in care for drug addiction

134,443

+1.7% compared to 2023

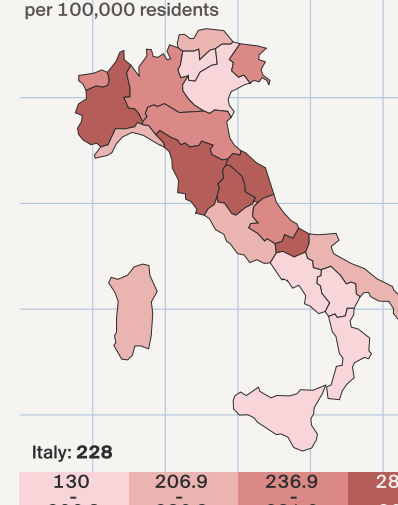


Individuals at first access

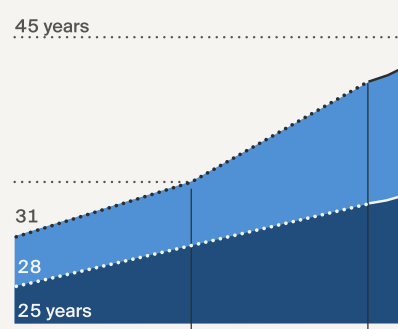
16,638

12% of all individuals in care

Rate of individuals in care



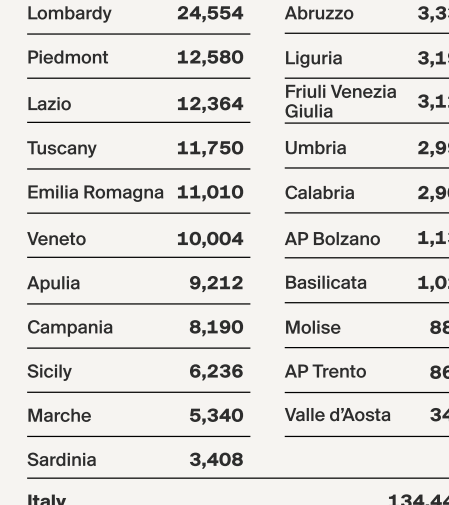
Average age* of individuals at first access and already in care



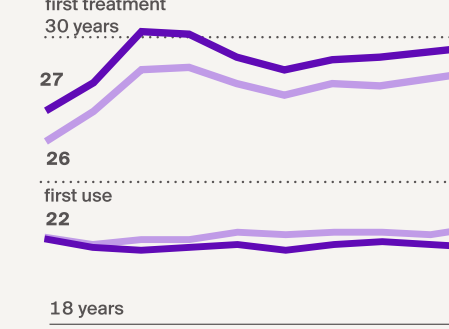
* The data for years 1999 and 2009 refer to the aggregated data flow (DM 20 September 1997)

Source: SIND Working Group; Ministry of Health; Interregional Technical Group on Addictions - Health Commission of the Conference of Regions and Autonomous Provinces

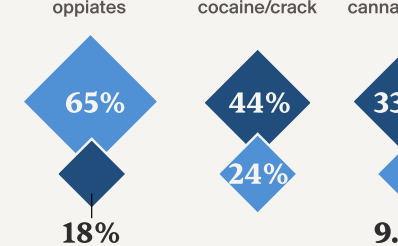
No. individuals in care



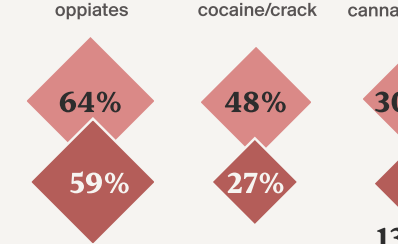
Age at first use and at first treatment by gender, M and F



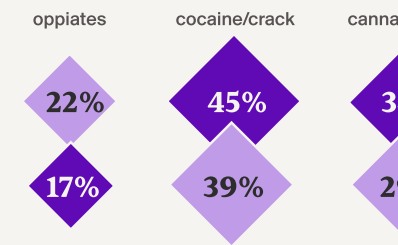
Primary substance among individuals at first access and already in care



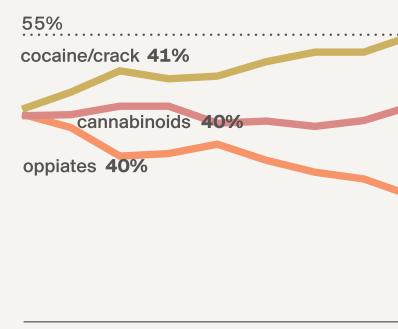
Primary or primary and secondary substances among all individuals in care



Primary substance among individuals at first access by gender, M and F



Primary and secondary substances among individuals at first access



14 billion services provided

Pharmacological 11 billion (76%)

involving 52% of the individuals treated

Healthcare 1.6 milioni (12%)

involving 80% of the individuals treated

Psychosocial 998 thousand (7%)

involving 72% of the individuals treated

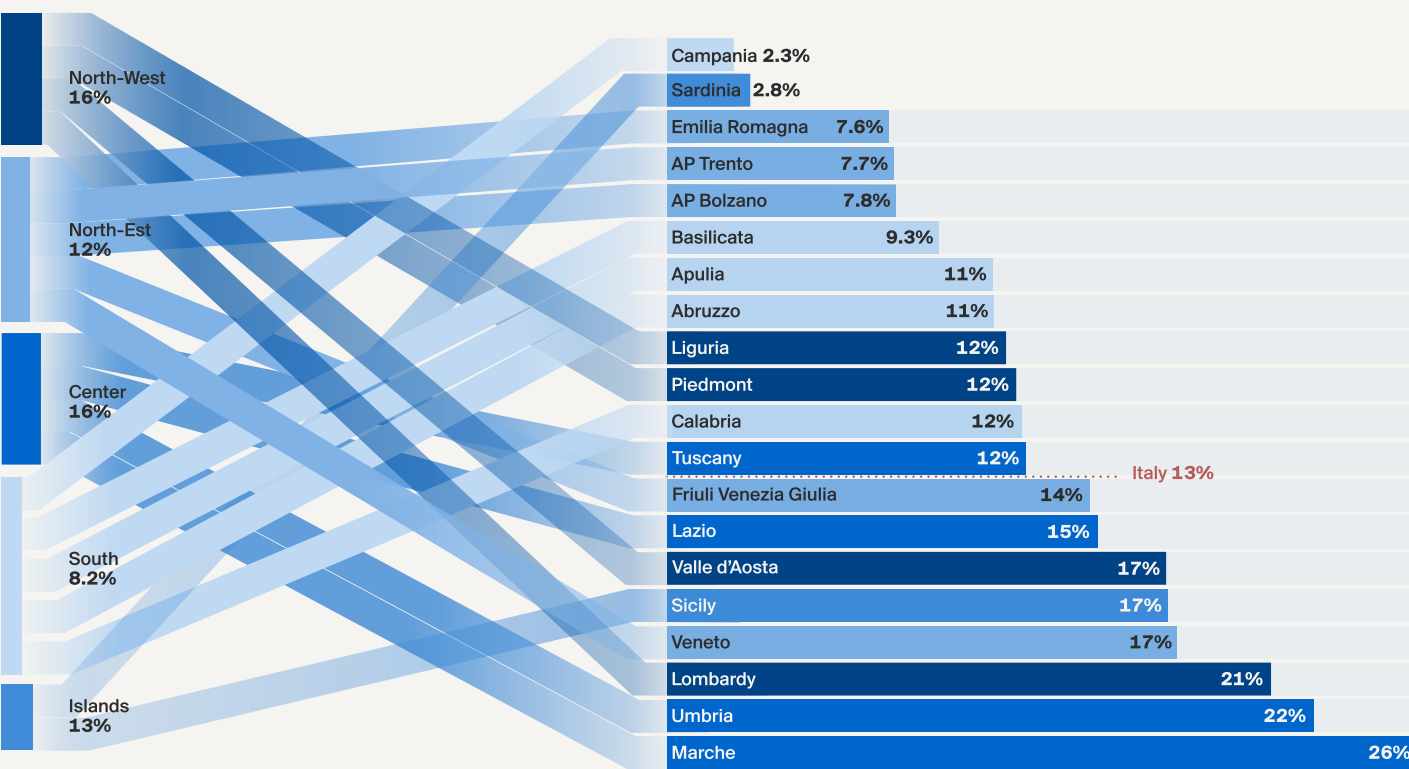
Therapeutic community 8.3 thousand (0.1%)

involving 2.5% of the individuals treated

Other 803 thousand (5.7%)

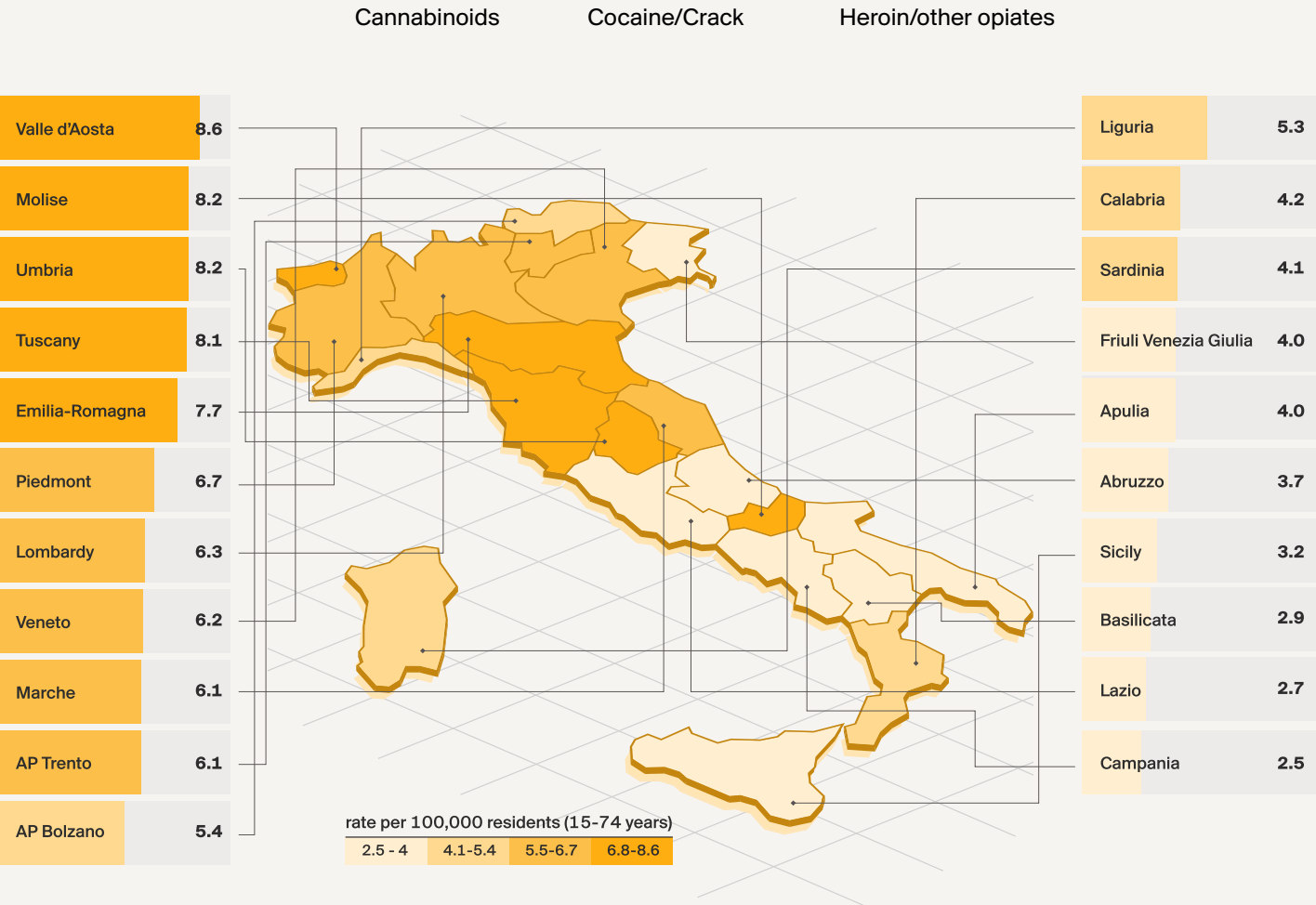
involving 73% of the individuals treated

Percentage of individuals at first access over the total treated by geographical area



Territorial supply of addiction services during 2024

Rate of addiction services per 100,000 residents (15-74 years) and percentage individuals treated by substance



Individuals in care of outpatient SerD services during 2024

134,443 individuals treated

Rate individuals treated per 100,000 residents (15-74 years)

Marche	360	Friuli Venezia Giulia	261	Liguria	211
Umbria	351	Emilia Romagna	247	Veneto	206
Tuscany	321	Lombardy	245	Basilicata	192
Molise	304	Apulia	237	AP Trento	159
Piedmont	296	Sardinia	217	Calabria	158
Valle d'Aosta	282	Lazio	216	Campania	146
Abruzzo	263	AP Bolzano	212	Sicily	130

Health implications

In 2024, **HIV serological testing** was performed on **36,385 individuals** receiving treatment from public addiction services (SerD)¹ and **3.8%** of them tested **positive (1,376 cases)**, accounting for 27% and 1% of those in treatment, respectively. At the regional level, there were significant differences both in the rate of testing among patients in treatment and in the prevalence of HIV within this group. The proportion of individuals accessing the service and tested out of the overall number treated was, in fact, between values lower than or equal to 1%, recorded in Abruzzo, Sardinia, and the province of Bolzano, to values above 70%, recorded in Piedmont. No individuals accessing the service were tested in the region of Sicily or in the province of Trento. In the central, southern, and island regions, the percentage of HIV-positive users out of the total number of those in treatment is generally very low, remaining at or below 0.5%. In contrast, in the northern regions, the proportion of positive cases among individuals treated is higher, exceeding 2% in the north-western area and reaching 1.2% in the north-eastern area. The wide variability in the proportion of tested individuals is partly due to missing data issues upon registering this information within the IT systems. Considering only the individuals tested, the positivity rate reached 5% in north-western regions and remained below 2% in the southern regions. In 2024, as in 2023, the declining trend in HIV testing among people in treatment continued: 27% compared to the 30% average recorded over the previous five years. However, the percentage of positive cases among those tested has remained relatively stable, around 4%.

As to **Hepatitis B testing**, in 2024, this involved **36,735 individuals** treated from SerD, representing 27% of the total in treatment at SerDs. Of those, **643 tested positive**, corresponding to 0.5% of total patients in treatment and **1.8%** of

those tested. At the regional level, data slightly differed: the highest positivity rates among those tested were recorded in Sicily and Veneto, with values just below 5%, while the rates were lower in the southern regions. This inconsistency may reflect differences in testing criteria and in the recording of HBV vaccination status. Compared to 2023, there was a significant increase in the proportion of patients tested, rising from 23% to 27%, while the positivity rate remained quite stable since 2018, without any notable changes.

As to **Hepatitis C testing**, in 2024, this involved 28% of individuals in treatment (**37,064 people**). Of these, **14,077 were positive**, accounting for 12% of all patients and **38%** of those tested. As with hepatitis B, there was significant regional variability. The highest positivity rates among those tested were recorded in Umbria, Piedmont, Friuli Venezia Giulia, and Sicily, all exceeding 45%. Conversely, the lowest rates were observed in Tuscany (20%) and in Apulia, Calabria, and Basilicata, where the positivity rate hovers around 31%. Compared to 2023, the percentage of patients tested for HCV increased (from 24% to 28%), while the positivity rate decreased (from 40% in 2023), reaching the lowest level in the past seven years.

¹ Source: SIND Working Group: Ministry of Health – Directorate General for Digitalization, Health Information System and Statistics; Interregional Technical Group on Addictions – Health Commission of the Conference of Regions and Autonomous Provinces

Among injecting drug users (IDUs), the testing rate was higher, reaching approximately 37% for both HBV and HCV. When broken down by primary substance injected, 36% of heroin users were tested for HBV and 35% for HCV. Slightly lower percentages were observed among primary cocaine users (34% tested for HBV, 33% for HCV).

In 2023, the AIDS Operational Centre (COA) of the National Health Institute, ISS, recorded **2,349 new HIV diagnoses, 79 of which involved injecting drug users (IDUs)²**, down from 97 in 2022. Most cases (87%) were male, and 23% were of foreign nationality.

At national level, the new cases of HIV among IDUs reported from 2014 to 2023 were 1,014. The proportion of HIV diagnoses attributed to IDUs declined from 3.7% in 2014 to 2.9% in 2017, then gradually increased again to 3.4% in 2023. However, such data might be somewhat inaccurate due to delays in notifications to COA from clinical centres and regional authorities.

Viewing these data by gender, the percentages of cases among men IDUs from 2014 to 2023, remained stable (80–85%), peaking at over 94% in 2019. Whereas, the new cases divided by nationality showed an increasing trend from a low of 10% in 2017 to a high of 29% in 2023.

As to distribution by age groups, new HIV diagnoses among IDUs were most frequent among individuals in the age groups 40–49 and 50–59, who together accounted for 62% of cases. Over the decade, incidence decreased among the 40–49

age group (from 36% in 2014 to 28% in 2023) but increased among 50–59-year-olds (from 18% to 24%) and those over 60 (from 2% to 8%). The **median age at diagnosis rose** from 40 in 2014 to 42 in 2023. Foreign nationals were diagnosed at a younger median age (38 years) than Italian nationals (45 years).

From 2014 to 2023, 30% of HIV-positive IDUs were tested due to HIV-related symptoms, 24% through therapeutic-rehabilitation services (SerD, therapeutic communities, prisons), and 10% due to reported risk behaviours (sexual or unspecified).

The proportion of IDUs receiving a late HIV diagnosis (defined as a CD4 lymphocyte count <350 cells/ μ L –an indicator of immunosuppression and disease progression) remains high. In 2023, 37% of HIV-positive IDUs had a CD4 count below 200 cells/ μ L at first diagnosis, and 60% were below the 350 cells/ μ L threshold, indicating advanced disease and immunodepression.

In 2023, among 532 **new AIDS cases**, **35 involved IDUs** (6.6%). From 1982 to 2023, a total of 73,150 AIDS cases were reported to COA in Italy, nearly half (35,422) involving IDUs. The share of AIDS cases among IDUs has been declining since 1988.

The percentage of male IDUs with AIDS over the years has remained stable (79–81%), while the proportion of foreign nationals increased from 2% to 16% between 2022 and 2023. **Median age at diagnosis has also risen sharply**, from 32

years before 2005 to 50–51 years in the past two years. In 2023, 66% of IDU-related AIDS diagnoses involved people aged 40–59, while 16% were over 60.

Regarding AIDS-defining illnesses upon diagnosis, 32% were fungal infections, 13% bacterial, and 11% viral. The most common conditions in IDU patients included Wasting Syndrome, cryptococcosis, cryptosporidiosis (increasing), *Pneumocystis pneumonia*, and pulmonary/esophageal candidiasis (decreasing).

The number of individuals discovering their sero-positive status shortly before an AIDS diagnosis remains high: in the last two biennia, 48–49% of IDUs with AIDS were diagnosed with HIV less than six months earlier, compared to 9% in 1996.

In reference to AIDS-related deaths among IDUs from 1983 to 2021, these have totalled 28,509, representing 60% of the 47,862 AIDS deaths in Italy. This share has steadily declined: from 68–69% in 1988–1992, to around 50% in 2004–2009, and 38–40% in 2017–2021 (the most recent year available). As of 2021, 6,682 IDUs with AIDS were still alive, accounting for 27% of the total AIDS cases in Italy (No.24,311).

² Source: National Institute of Health – Department of Infectious Diseases – AIDS Operational Centre (COA)

Rate of infective diseases among individuals treated by SerDs during 2024

134,443
individuals treated by SerDs

HBV

27% individuals tested

↓1.8%

tested positive (643)

HCV

28% individuals tested

↓38%

tested positive (14,077)

HIV

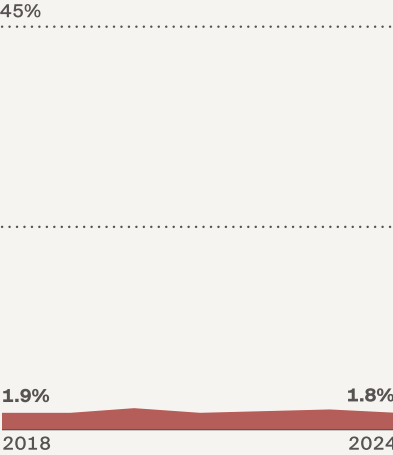
27% individuals tested

↓3.8%

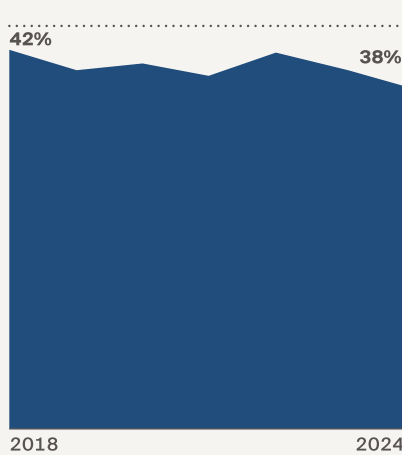
tested positive (1,376)

Temporal trend of positive outcome

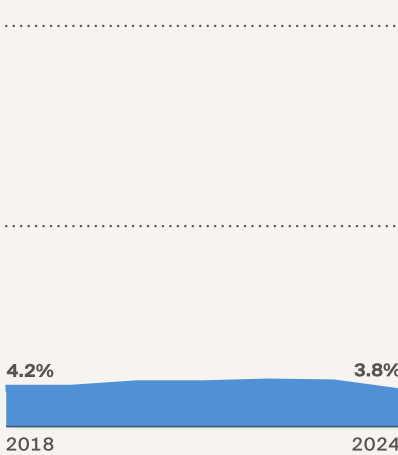
HBV



HCV



HIV



Heroin IDUs (16,102)

36%

of HBV-positive
individuals

35%

of HCV-positive
individuals

Cocaine IDUs (4,925)

34%

of HBV-positive
individuals

33%

of HCV-positive
individuals

HIV and AIDS among IDUs during 2023

New HIV diagnoses among IDUs

↓79

3.4% of new HIV diagnoses
and percentage IDUs over total

60%

Longstanding non-diagnosed infection
(CD4 lymphocyte count <350 cells/μL)

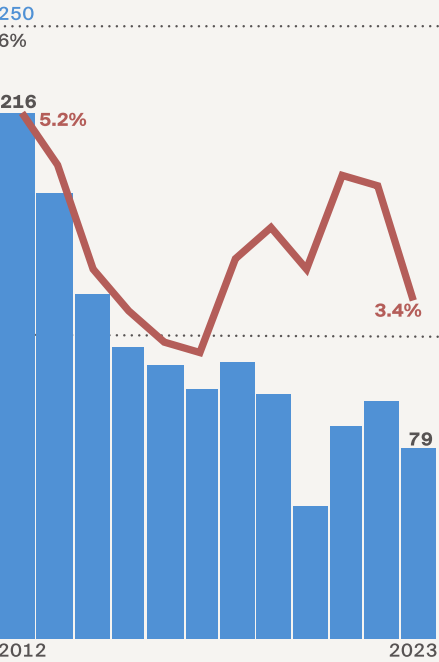
87%

males

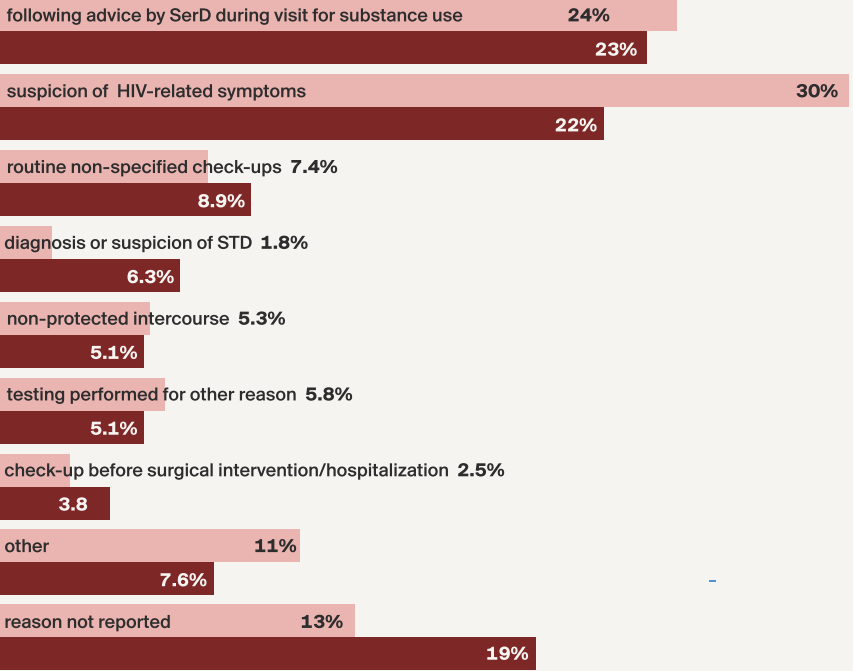
42 years

median age

New diagnoses and percentage in IDUs over total



Reason for HIV testing among new diagnoses in 2014-2023 and 2023 alone



New AIDS diagnoses among IDUs

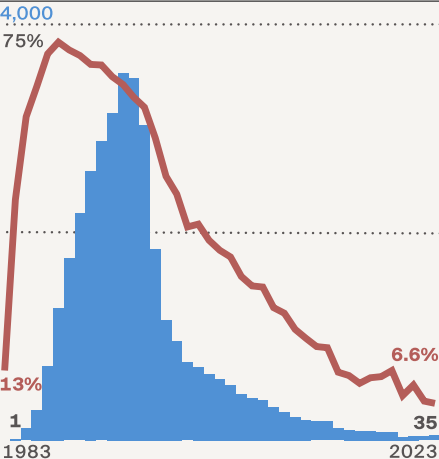
↓35

6.6% of new AIDS
diagnoses and
percentage IDUs
over total

49%

with AIDS diagnosis
less than 6 months
from HIV positive
testing in 2022-2023
9% in 1996

New diagnoses and percentage in IDUs over total



83%

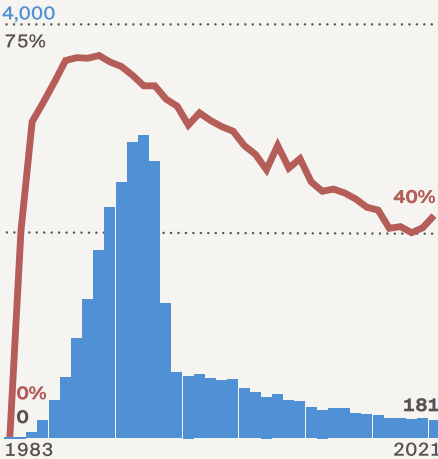
males

51 years

median age

AIDS deaths among IDUs in 2021

Deaths and percentage deaths over total



Due to rounding of number the sum of the percentage values could be between 99.1% and 100.9%
Source: National Institute of Health – Department of Infectious Diseases – AIDS Operational Centre (COA)

During 2024, the reported **deaths from acute drug intoxication** was of **231** (identified on a circumstantial basis by law enforcement authorities)³, a figure very similar to that recorded the previous year, when 227 cases were counted. Since 1973, a total of 27,207 deaths related to acute drug-related intoxication have been recorded. While in past decades—particularly up until the 1990s—the phenomenon reached very high peaks, from the 2000s onward a slow but steady decline has been observed.

In 2024, the majority of deaths (83%) involved male individuals, and 12% were foreign nationals. Looking at age groups, 34% of the deaths involved people aged 45 to 49, another 34% were between 25 and 44 years of age, and 27% were aged 50 or older. The youngest group, of individuals under 25, accounted for 5.6% of the deaths. A significant finding is the **progressive increase in the average age of the deceased**: over the past decade, the average age has risen from 39 to 42 years.

The mortality rate from acute drug intoxication in 2024 stands at about **six deaths per million residents in the 15 to 64 age group**. However, territorial differences are pronounced: the highest rates were recorded in the north-eastern and central regions (9–10 deaths per million), while the rate dropped to about 4 in southern regions.

As for the substances responsible for the lethal intoxication, in 2024 **35% of deaths were attributed to opioids**, particularly heroin, and another **35% to cocaine/crack** –a percentage that has been steadily increasing over the years and reached its historical peak in 2024. 27% of deaths were linked to the use of unspecified substances.

Narrowing the focus on the deaths for which the causative substance was reported (161 cases), data evidence a significant trend reversal, with the main cause of fatal acute intoxications including cocaine/crack and no longer opioids alone. Indeed, in 2014 up to 87% of deaths with a specified substance were linked to opioids; by 2024, this percentage had dropped to 48%, while the same proportion (48%) was attributed to cocaine/crack, a figure that stood at just 13% in 2014. In the past year, 3% of deaths involving a known substance were attributed to the use of synthetic drugs (5 cases).

An essential source for understanding the impact of narcotic substances on mortality comes from **forensic toxicological analyses**, carried out on individuals who died due to violent causes or suspected drug intoxication and for whom a forensic toxicology investigation was ordered by the Judicial Authority. In 2024, of the 2,118 specific cases submitted to forensic toxicologists in 74 Italian provinces, **928 death records reported the presence of one or more narcotic and/or psychotropic substances**⁴. 80% of these deaths involved male individuals, and 63% were aged between 31 and 60 years. In 31% of cases, **the main cause**

of death determined by the forensic investigation **was fatal acute intoxication**, followed by **road accidents** (18%), **organ damage** (15%), **suicide** (11%), and **accidental trauma** (10%), with percentages remaining substantially stable over the past five years.

The substances most frequently detected in the deaths investigated included alcohol (45%), cocaine (32%), benzodiazepines (23%), psychotropic medications (14%), heroin (10%), methadone (13%), cannabinoids (11%), with no significant changes compared to previous years.

In **cases of fatal acute intoxication** (286 deaths), **cocaine** played a particularly prominent role, being involved in **48% of the cases** – a figure that has increased in recent years – while **heroin** was involved in **24% of deaths**. Beyond the “traditional” classes of drugs, 2 cases in 2024 were attributable to new psychoactive substances: the synthetic cathinone MDPHP was involved in one death as the sole substance, and in another case alongside other cathinones (MDPV, MDPBP, MDPPP), benzodiazepines, and psychotropic drugs. Fentanyl was identified in two fatal acute intoxications and was involved in two cause of death: one in combination with alcohol, the other with benzodiazepines and psychotropic drugs. Oxycodone was involved in the cause of death in three cases: once as the sole substance, and twice in combination with alcohol and methadone.

In addition to fatal acute intoxications, **organ damage-related deaths** (138 cases) should also be included among drug-related deaths. These are cases compatible with the toxic effects of psychotropic substances on organs or systems, even if the substances involved were not present at lethal concentrations. In these deaths, the most frequently detected substance was alcohol (29%), followed by cocaine (26%), benzodiazepines (19%), psychotropic drugs (15%), and methadone (10%).

Overall, the **total number of drug-related deaths was 424**. Notably, in 44% of those analysed, the **concurrent use of two or more drugs** was detected. The most frequent combinations included cocaine–heroin (22%), cocaine–methadone (21%), alcohol–heroin (18%), alcohol–cocaine (17%), alcohol–methadone (14%), heroin–methadone, and benzodiazepines–psychotropic drugs (12%).

Finally, forensic toxicological analyses performed on road traffic accidents (166 cases) – 88% of whom were male – showed that alcohol was the most frequently detected substance (75%), followed by cannabinoids (21%), cocaine (18%), benzodiazepines (6%), and psychotropic drugs (2.4%).

An additional source of information on drug-related mortality is the **General Mortality Register** of Istat, which provides data on the underlying causes of death and the conditions that contributed to the fatal outcome. **In 2022** (the most recent year available due to data collection and validation timelines), there were **360 deaths** the **initial cause of death** being **drug-related** (+11% compared to 2021).

This figure corresponds to 0.5 deaths per 1,000 out of the 721,974 total deaths that occurred in Italy that year⁵. Most of the deaths concerned males (84%), and 9% were foreign nationals.

At the national level, the drug-related mortality rate was 5.8 deaths per million inhabitants, with notable geographic variation: the lowest rate was observed in the southern regions

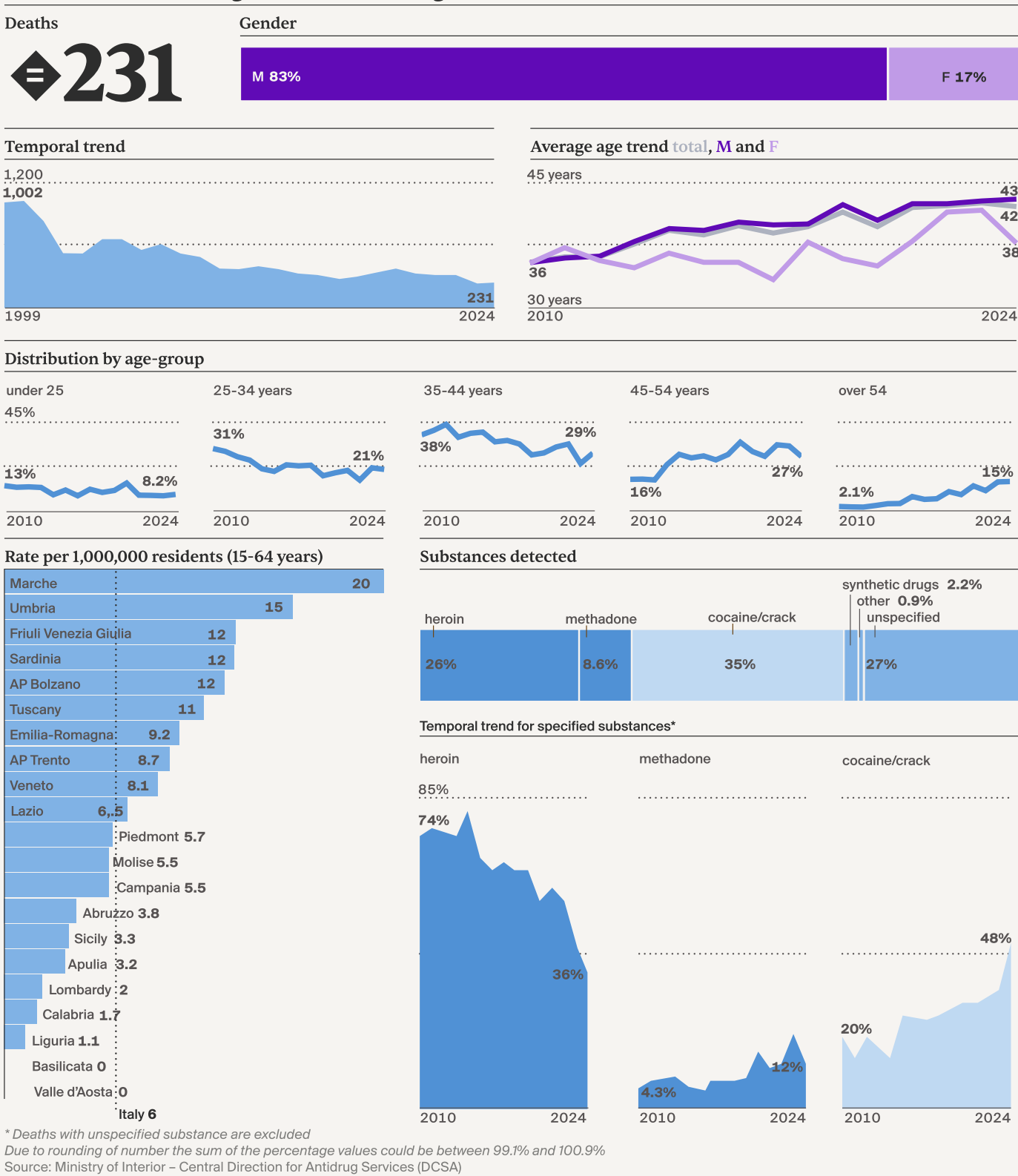
³ Source: Ministry of Interior – Central Direction for Antidrug Services - DCSA

⁴ Source: Forensic Toxicologies – Scientific Association of the Italian Group of Forensic Toxicologists

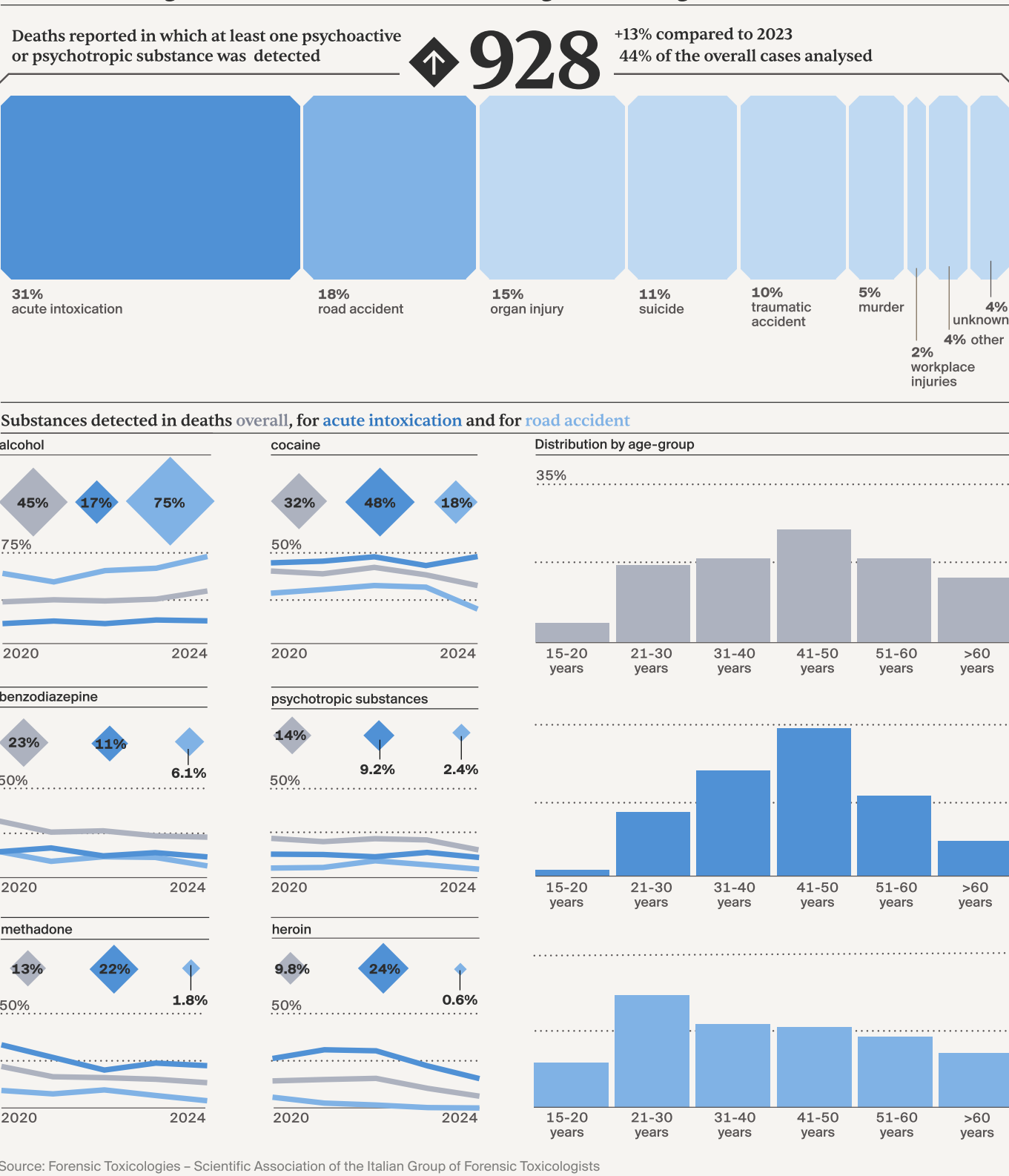
⁵ Source: ISTAT – Central Directorate for Social and Welfare Statistics – Integrated Health, Care and Welfare System Service

Table 4.2.
Drug-related deaths

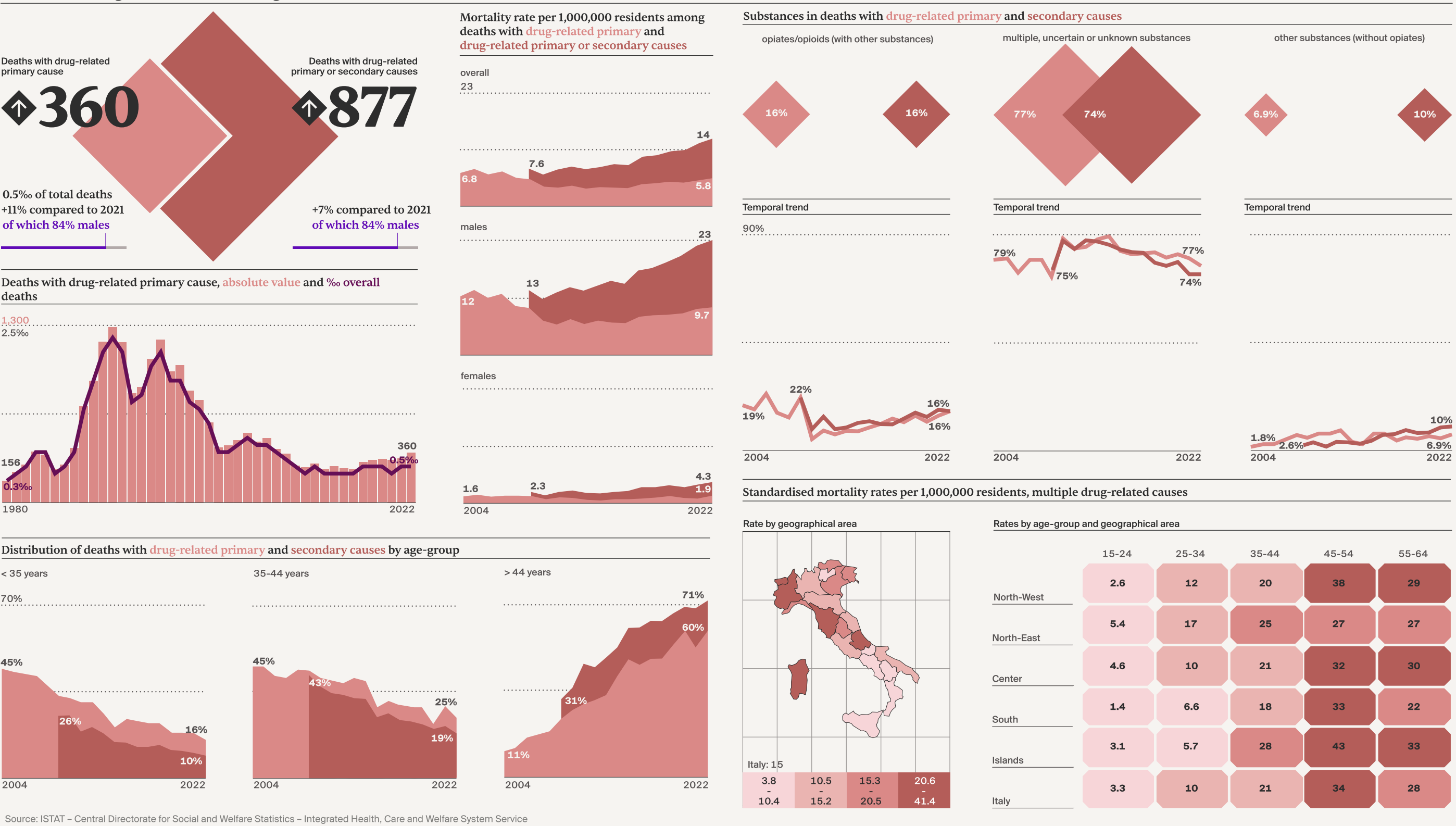
Deaths from acute drug intoxication during 2024



Alcohol and drug-related deaths from forensic investigations during 2024



Deaths with drug-related causes during 2022



Violations and crimes

In 2023, there were **219,616** recorded **road accidents involving injuries**¹, showing a slight increase of 1% compared to the previous year. Among the contributing factors, there was a rise in accidents related to altered psychophysical conditions: specifically, accidents due to driving under the influence of drugs, which accounted for 0.1 per 100 road accidents in 2001, rose to 1.3 in 2023. Those linked to drunk driving also increased, from 1.2 to 4.0 per 100 accidents. These figures should also be interpreted in light of new regulations and traffic safety enforcement tools.

A comprehensive picture on causes of accidents can be drawn from data on traffic violations issued by the State Police and the Carabinieri, as well as those reported by the Italian Automobile Club (*Automobile Club d'Italia*, ACI) through the Municipal Police Departments of provincial capitals. In 2023, law enforcement issued a total of **4,309 violations for driving under the influence of drugs** (art.187 of the Highway Code) and **39,046 for driving under the influence of alcohol** (art.186 of the Highway Code). Together, these account for 0.5% of all behavioural traffic violations recorded during the year—a percentage that has remained essentially stable throughout the 2014–2023 decade.

According to data from the State Police, the greatest number of fines for driving under altered psychophysical conditions were issued to young drivers: in 2023, approximately 45% were for drunk driving violations and 45% for driving under the influence of drugs and involved individuals aged 18 to 32. Moreover, most violations occurred at night, between 10 p.m. and 6 a.m.: 78% of drunk driving violations and 50% of drug driving violations were issued during this time frame.

As for accidents directly attributable to altered psychophysical conditions, in 2023, the Carabinieri and State Police—who record about one-third of all injury-related road accidents—reported 1,813 accidents where at least one driver was under the influence of drugs, and 4,787 under the influence of alcohol, out of a total of 56,075 accidents. Overall, 3.2% of the accidents recorded by these authorities were drug-related, while 8.5% were alcohol-related. These percentages were stable and slightly lower, respectively, compared to 2022 (3.2% and 9.2%).

It’s important to note that such figures may underestimate the phenomenon. Carabinieri and State Police respond to about 70% of accidents on non-urban roads and only around 20% of those in urban areas. However, data provided by the Carabinieri show that the highest number of alcohol- and drug-related accidents have occurred in urban areas, suggesting that the true impact of these factors may be even greater.

An important source of data for analysing road accidents related to psychoactive and narcotic substance use is represented by the **chemical-toxicological analyses conducted**

¹ Source: ISTAT – Central Directorate for Social Statistics and Welfare – Integrated System for Health, Assistance and Social Security Service

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	<div><p>by Forensic Toxicology units² following interventions pursuant to articles 186, 186-bis, and 187 of the Highway Code represent. These analyses are performed on whole blood samples taken from individuals admitted to the emergency room after road accidents or traffic stops, as well as from individuals who died as a result of road accidents. Positive results, indicating driving under the influence of alcohol and/or narcotic substances, are based on the identification of ethanol and/or the active ingredient (or its active metabolites) present in the blood samples.</p><p>In 2024, Forensic Toxicology units conducted 12,463 tests, 206 of which were related to fatalities from road accidents. In approximately 28% of the tests (92% involving individuals in road accidents), the presence of alcohol and/or one or more narcotic or psychoactive substances was found. Males accounted for 83% of positive toxicology cases; the age group most affected was between 21 and 50 years of age, representing 65% of the analysed cases.</p><p>Looking at the overall results from tests conducted under articles 186, 186-bis, and 187 of the Highway Code, the most commonly detected substances, in descending order, were: alcohol (20%), cannabinoids (6.1%), cocaine (4.3%), benzodiazepines (2.7%), while psychiatric medications, methadone, and ketamine (less than 1% each), heroin and MDMA (each below 0.5%).</p><p>Analyses of the 206 fatal road accident cases received by Forensic Toxicology units (88% male) found alcohol and/or other substances in 52% of cases. Alcohol was the most frequently detected substance, either alone or in combination with others, accounting for 39% of cases. This was followed by cannabinoids (12%), cocaine (9.2%),</p><p>benzodiazepines (2.9%), psychiatric drugs (2.4%), MDMA, heroin, methadone, and fentanyl were each found in approximately 0.5% of cases. It should be noted that in the case of fentanyl, it was not always possible to rule out a medical (iatrogenic) origin.</p><p>Overall, alcohol was found in over 20% of the tests, either alone or in combination with other substances—a figure that may be underestimated due to the delay (typically more than 2 hours) between the accident, arrival at the ER, and blood sampling. Blood alcohol levels, similar in both roadside controls and accident-related tests, showed that over 15% of tested drivers exceeded the legal limit of 0.8 g/L. In fatal road accident cases, drivers showed particularly high blood alcohol levels, with 17% exceeding 1.5 g/L.</p><p>Additionally, in 2.1% of the tests on drivers' blood samples, two or more narcotic substances and/or medications were detected. The most common combinations were cocaine and cannabinoids (31%), cocaine and benzodiazepines (13%), cannabinoids and benzodiazepines (11%), benzodiazepines and psychiatric medications (10%), methadone and benzodiazepines (7.6%), heroin and methadone (6.7%), cocaine and heroin (5.1%).</p><p>Combinations of alcohol with other substances were also common, as identified in 6.1% of tests. the most frequent combinations were alcohol with cannabinoids (10%), alcohol with cocaine (9.1%), alcohol with benzodiazepines (4.4%). Positivity for cannabis and cocaine was found in 6.1% and 4.3% of general tests, and in 12% and 9% of death cases, respectively. The frequent detection of combinations of two or more substances in these cases increases the risk of fatal road accidents.</p></div>

²Source: Forensic Toxicology Units – Scientific Association of the Italian Group of Forensic Toxicologists

Administrative violations and drug-related crimes

In 2024, a total of 35,572 **reports of possession of narcotic or psychotropic substances for personal use** (in violation of Presidential Decree-DPR No.309/1990, art.75) were received by the Drug Addiction Operational Units (*Nuclei Operativi Tossicodipendenze*, NOT) of the Prefectures – Government Territorial Offices and entered into the information system of the Ministry of the Interior³. An additional 1,388 reports referred to individuals residing abroad, for a total of **36,960 reports⁴**.

Following a steady increase between 2014 and 2019, the number of reports has progressively decreased, stabilizing below 42,000 over the last four years. However, these figures are subject to ongoing updates due to the continuous entry of new reports by the Prefectures.

The reports involved **34,214 individuals**, 1,276 of whom reside abroad. Of the 32,938 individuals residing in Italy, 36% live in the northern regions, 30% in the central regions, and 34% in the southern and island regions. The vast majority of those reported are male (93%), and 17% are foreign nationals, a proportion that has been increasing in recent years. 38% of the reported individuals are aged 18–24, 16% are 25–29, 18% are 30–39, and 17% are 40 or older. 11% are minors, with a higher representation among females (14%). From 2009 to 2013, the percentage of minors reported did not exceed 10%, remaining around 10–11% in subsequent years. In 2024, there were 74 reports per 100,000 residents aged 15–74, rising to 193 per 100,000 among minors aged 15–17.

The **most frequently reported substance** was **cannabis** and its derivatives, involving **77% of cases**, with higher percentages among minors (98%) and foreign nationals (82%). This was followed by **cocaine/crack (18%)** and **heroin/opioids (3%)**, while other substances accounted for just over 1%. Since 2010, reports for personal possession of heroin and other opioids steadily declined, from 11% to 3% in the past two years. In contrast, those for cocaine and crack increased from 15% to 18–20% in the 2020–2024 period. Reports for cannabinoids have remained stable between 76% and 80% since 2014, the year Law No.79/2014 came into force, with an exception during the COVID-19 pandemic (2020–2021).

Since 2011, reports for possession of cannabinoids to minors have remained between 95% and 98%, while those for cocaine/crack remain around 2%. Reports for heroin and opioids dropped from 3% in 2010 to less than 1% since 2016.

In 2024, of the 19,764 interviews conducted by social workers from the Prefectures' Drug Addiction Operational Units (NOT), 64% ended with a formal warning issued by the Prefect, advising against further drug use—this measure is typically applied to minor infractions and first-time offenses. In 34% of cases, this resulted in administrative sanctions such as suspension of a driver's license or passport. In the remaining 2%, it resulted in the invitation to attend a therapeutic and social rehabilitation program through public or accredited private addiction services. 17% of the proceedings concluded with administrative sanctions for failure to attend the interview.

³ Source: Ministry of the Interior – Department for General Administration, Personnel Policies of the Civil Administration, and Instrumental and Financial Resources – Offices II and V

⁴ Data updated as of February 25th, 2025

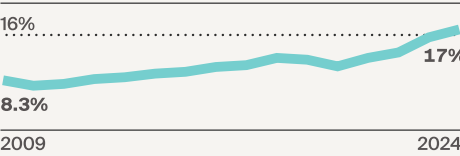
Table 5.1.
Drug-related violations and crimes during 2024

Reports of psychotropic substance possession for personal use (art. 75 DPR No.309/1990)

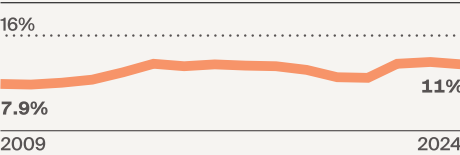
34,214
individuals reported
(1,276 are residents abroad)



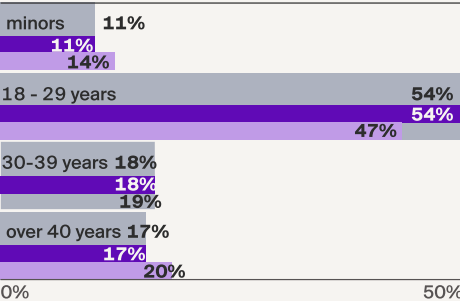
Foreign nationals



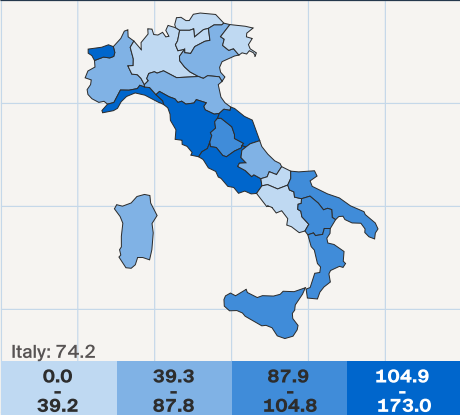
Minors



Distribution by age-group, overall, M and F



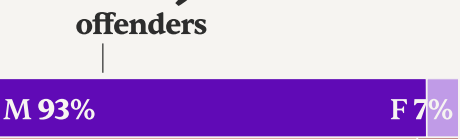
Rate per 100,000 residents (15-74 years)



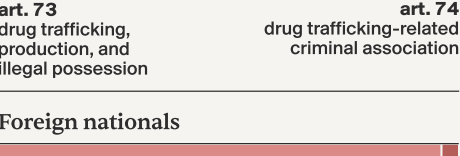
Source: Ministry of Interior – Department for general administration, personnel policies of the civil administration, and instrumental and financial resources – Offices II and V

Crimes committed under DPR No.309/1990 (art. 73 and art. 74)

27,989
offenders



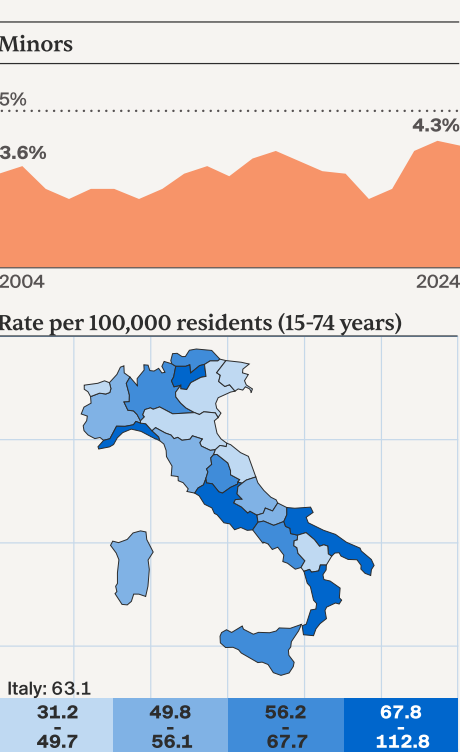
Foreign nationals



Minors

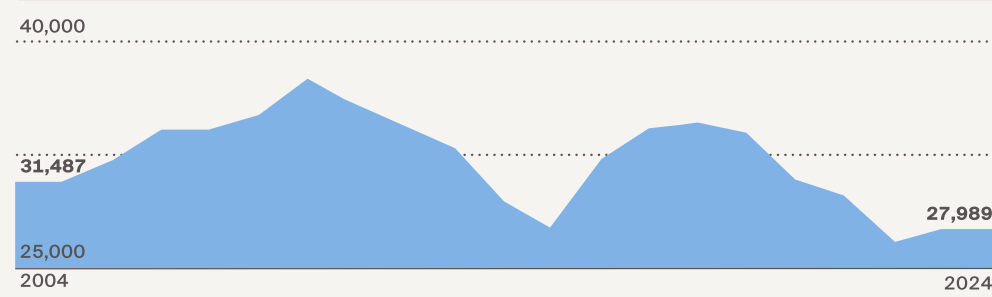


Rate per 100,000 residents (15-74 years)

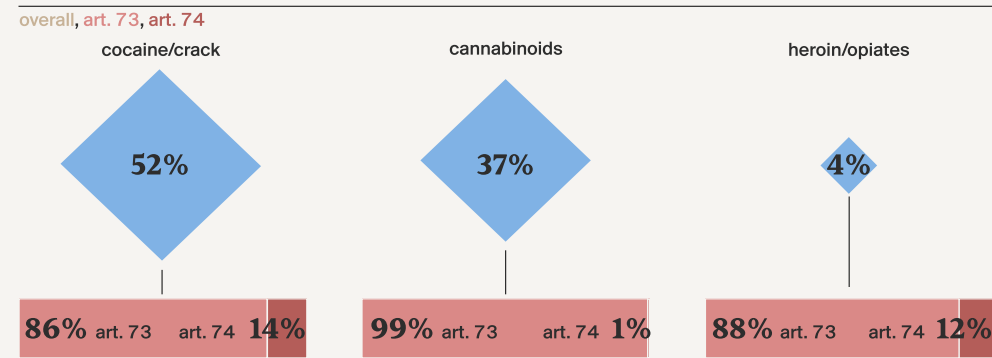


Source: Ministry of Interior – Central Directorate for Antidrug Services (DCSA)

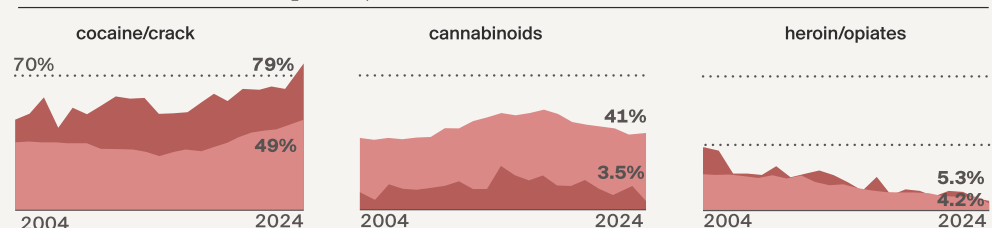
Temporal trend



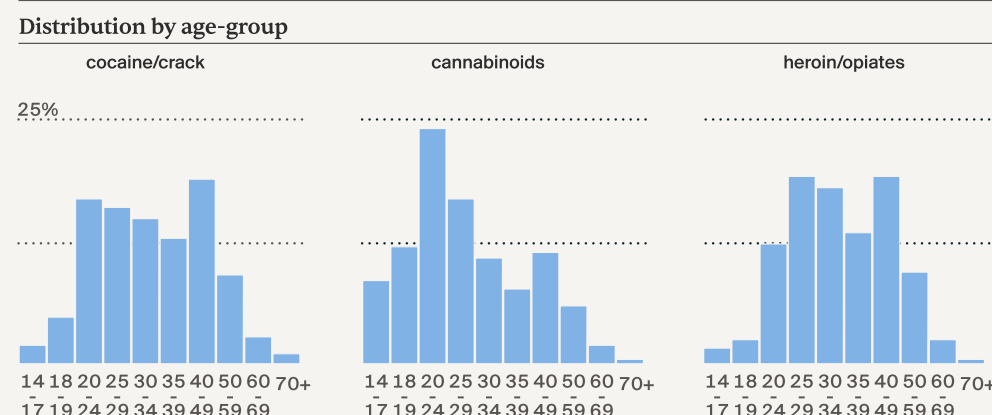
Distribution of substances involved by type of crime



Distribution of criminal reports by substances art. 73, art. 74



Rate per 100,000 residents (15-74 years)



Source: Ministry of Interior – Central Directorate for Antidrug Services (DCSA)

Pending criminal proceedings for drug-related crimes

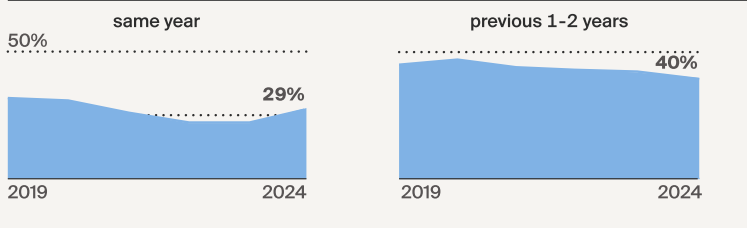
81,595
pending criminal proceedings



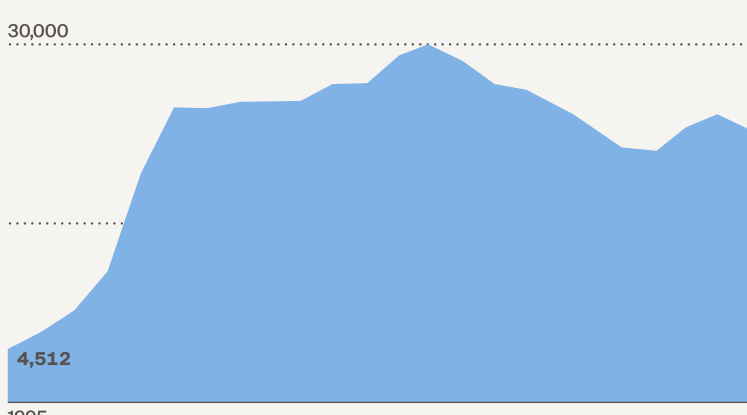
Final convictions for drug-related crimes



Convicted in 2024 by year of crime

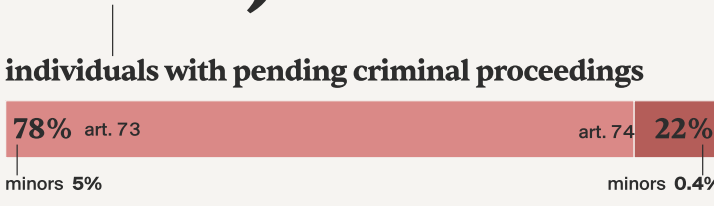


Convicted in 2000-2024 by year of crime

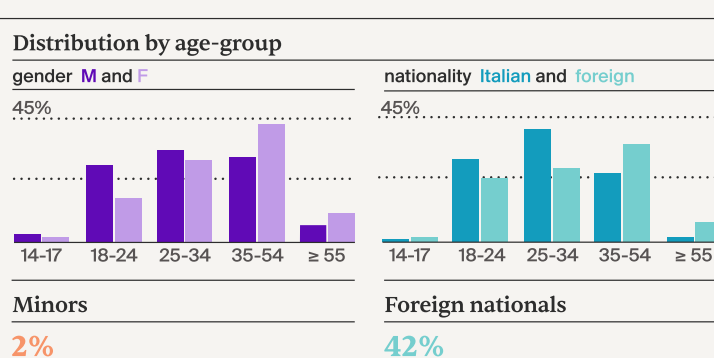


Source: Ministry of Justice – Department of Justice Affairs – Directorate General for Internal Affairs

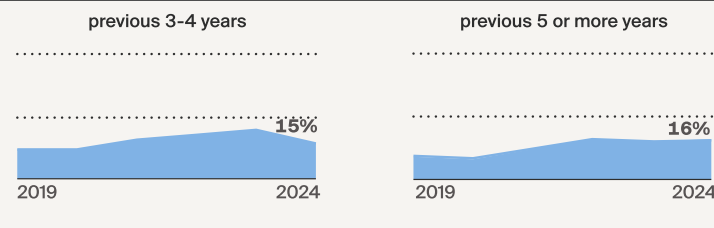
210,042
individuals with pending criminal proceedings



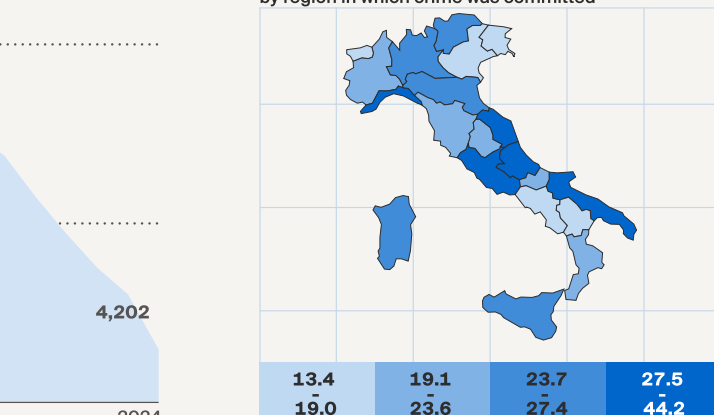
Distribution by age-group



Convicted in 2024 by year of crime



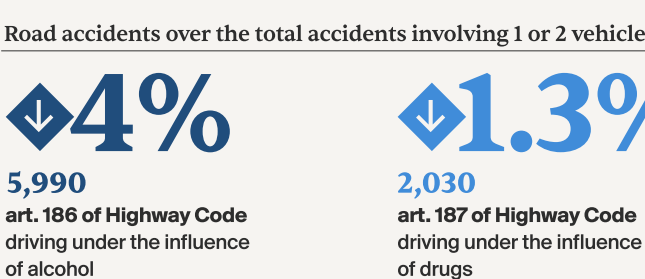
Rate per 100,000 residents (≥ 14 years)



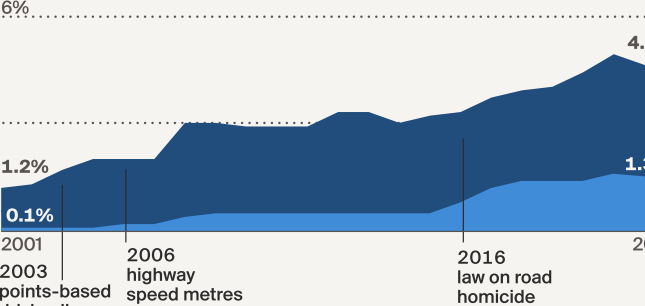
Source: Ministry of Justice – Department of Justice Affairs – Directorate General for Internal Affairs

Violations and road accidents for driving under altered psychophysical conditions during 2023

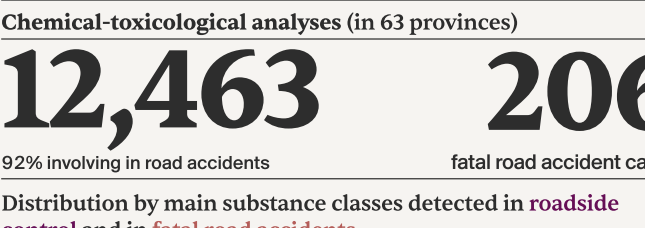
Road accidents over the total accidents involving 1 or 2 vehicles



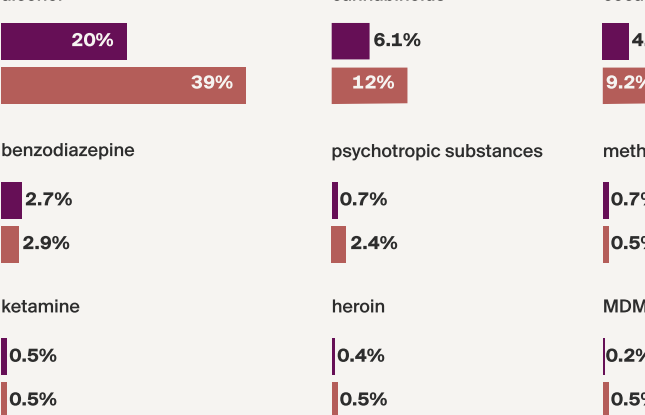
Temporal trend



Chemical and toxicology tests by forensic toxicology units at ER after road accidents, or roadside (ex artt.186, 186bis and 187 of Highway Code)

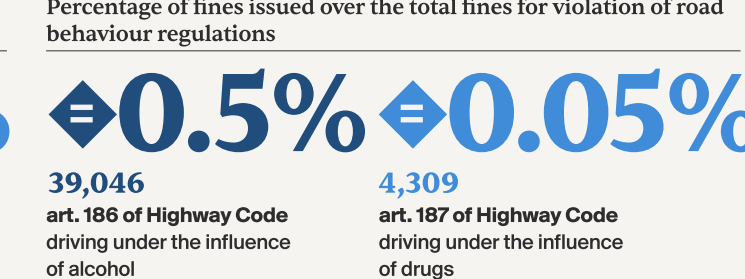


Distribution by main substance classes detected in roadside control and in fatal road accidents

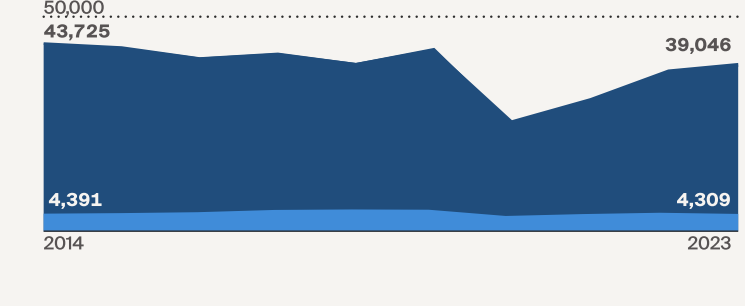


Sources: ISTAT – Central Directorate for Social Statistics and Welfare – Integrated System for Health, Assistance and Social Security Service; Forensic Toxicology Units – Scientific Association of the Italian Group of Forensic Toxicologists

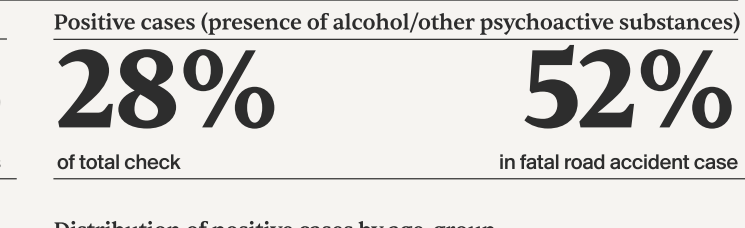
Percentage of fines issued over the total fines for violation of road behaviour regulations



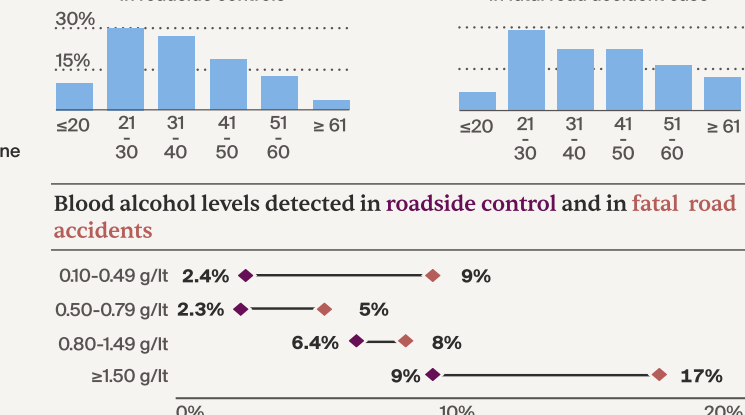
Temporal trend



Chemical and toxicology tests by forensic toxicology units at ER after road accidents, or roadside (ex artt.186, 186bis and 187 of Highway Code)



Distribution of positive cases by age-group



Sources: ISTAT – Central Directorate for Social Statistics and Welfare – Integrated System for Health, Assistance and Social Security Service; Forensic Toxicology Units – Scientific Association of the Italian Group of Forensic Toxicologists

Consequences of drug-related offenses

As of December 31, 2024, the Italian judicial system recorded **76,782 pending criminal proceedings** against known individuals for the offense of illicit production, trafficking, and possession of narcotic substances (**article 73**), involving **162,828 individuals**. There were also **4,664 proceedings** for the offense of criminal association for drug trafficking (**article 74**), involving **46,972 individuals**⁶. In addition, there were 122 proceedings for violations of article 79 concerning the facilitation of drug use, and 27 proceedings for violations of article 82 relating to incitement, proselytism, and inducement to commit drug offenses by minors. Overall, as of December 31, 2024, there were 81,595 pending criminal proceedings involving 210,042 individuals.

Each proceeding under article 73 involves, on average, just over two individuals, while proceedings under article 74 involve an average of over ten individuals—a ratio that has remained consistent over time.

Of the pending criminal proceedings for the offense of illicit production, trafficking, and possession of narcotic substances (article 73), 8.4% involve minors. In comparison, for criminal association for drug trafficking (article 74), the percentage drops to 2.1%. In terms of individuals, minors make up 5% of those charged under article 73, versus just 0.4% under article 74.

Since 2020, the total number of pending criminal proceedings has been gradually decreasing, mainly due to the reduction in proceedings related to offenses under article 73 of Presidential Decree No. 309/1990, which saw a 6.3% decline in 2023. Proceedings under article 74, however, have remained largely stable.

As for the stage of the proceedings, 33% of article 73 cases and 50% of article 74 cases are in the preliminary investigation phase, while 49% and 35%, respectively, are in the first instance trial phase, involving 88% and 93% of the individuals concerned.

Finally, geographical analysis shows that, as of December 31, 2024, 39% of proceedings under article 73 were pending in the judicial offices of northern Italy, particularly in Lombardy, Veneto, and Emilia-Romagna. In contrast, 42% of article 74 proceedings were concentrated in the southern regions, especially in Campania, Apulia, and Calabria.

In 2024, the **number of people definitively convicted** for violations of articles 73 and/or 74 of Presidential Decree No.309/1990 reached **14,972 individuals**, representing approximately 12% of the people convicted recorded in the Judicial Records information system⁷, confirming these offenses among the most frequent convictions in the last five years. In recent years, a decreasing trend has been observed, although the data are influenced by the continuous updating of the information system and may not provide a completely accurate picture of reality.

The majority of those convicted for drug-related crimes are male, accounting for 93% of the total. Regarding age distribution, 28% committed the offense between the ages of 18 and 24, 33% are in the 25-34 age group, 32% between 35 and 54 years old, while 5% are 55 years or older. Among males, 62% are between 18 and 34 years old, while among females the situation appears more balanced: 46% committed the offense between 18 and 34 years, whereas 53% did so at an older age.

⁶ Source: Ministry of Justice – Department of Justice Affairs – Directorate General for Internal Affairs - Office I

⁷ Source: Ministry of Justice – Department of Justice Affairs – Directorate General for Internal Affairs - Office III

Minors who received a final conviction for offenses related to the narcotics law (Presidential Decree No. 309/1990) during 2024 totalled **286**, equal to 2% of all those convicted for these offenses. Over the past five years, this percentage has shown a slight increase: it was 1.4% in the 2020-2021 period. The increase was more marked among Italian minors, whose incidence rose from 1.4% to 2.4%, while among foreign minors it remained substantially unchanged, moving from 1.3% to 1.5%.

Analysing the **foreign component** among the individuals convicted, a **slight increase** was recorded in 2024, reaching about 42% compared to 40-41% in previous years. The majority of convicted foreigners come from the African continent (68%), particularly Morocco and Tunisia, followed by people from Central-Eastern Europe, with Albania being the most represented country of origin. This trend has remained stable over the last five years.

In 2024, **98%** of final convictions concerned exclusively the **offense of production, trafficking, and possession of narcotic substances** (article 73), while the remaining share related to the offense of criminal association for drug trafficking (article 74). No sentences were issued for violations involving both articles jointly. This trend has remained stable over the past five years, without significant changes.

Between 2020 and 2024, about **28% of people definitively convicted** for drug-related offenses were **repeat offenders**. The phenomenon is more frequent among Italians, with a rate of 29%, compared to foreigners, whose recidivism rate stands at 26%.

Most final convictions were issued on appeal. Looking at the distribution by judicial authority, 35% of sentences were issued at first instance by the courts, 36% by Judges for Preliminary Investigations (*Giudice per le Indagini Preliminari*, GIP) and Preliminary Hearing Judges (*Giudice per le Udienze Preliminari*, GUP), while the remaining 29% were decided by the Courts of Appeal.

⁸ Source: Ministry of Justice – Department of Penitentiary Administration

Finally, convictions issued between 2020 and 2024 concerned offenses committed starting from 1995, and on average, each convicted person committed two offenses in the same year. Over the years, there has been a lengthening of the time between the date of the offense and the final conviction sentence: in the last two years, for most drug-related offenses, the latency period is around three years, compared to two years in the previous two-year period.

As of **December 31, 2024**, there were **21,083 detainees** in Italian penitentiary institutions incarcerated for **drug-related crimes** established by DPR n.309/1990, accounting for **34% of the total prison population**, a percentage that has remained stable since 2014⁸. Of these, **63%** convicted under DPR No.309/1990 committed offenses referred to in **article 73** concerning the production, trafficking, and illegal possession of narcotic or psychotropic substances; **4.7%** for the offense of association aimed at drug trafficking (**article 74**); and the remaining **32%** for violations of **both articles**.

Analysing the trend over time, the percentage of detainees under article 73 (not in association with other offenses under DPR No. 309/1990), compared to the total number of inmates incarcerated for offenses against the drug laws, progressively decreased from 78% in 2008 to 65% in 2020, then stabilized around 63% over the last four years. At the same time, the percentage of inmates under Article 74 (not in association with other offenses under DPR No. 309/1990) remained around 3% until 2013, rising to about 5% in subsequent years.

An increasing trend is observed among those who violated both articles: over the last five years, this share has remained between 30% and 32%, after gradually increasing from 19% in 2008 to 27% in 2018.

Overall, detainees incarcerated as of December 31, 2024, for offenses related to article 73 (alone or combined with article 74) totalled 20,086, about 33% of the total prison population at that date. Since the entry into force of Law No.79 in 2014, the share of inmates under article 73 (alone or in combination with article 74) has remained stable between 32% and 33% of the total prison population, compared to 37-40% in previous years.

Thirty percent of the 20,086 inmates under article 73 were of foreign nationality, a proportion that has steadily declined since 2007-2009, when it stood at 48%. Almost half (48%) of inmates under article 73 were held in penitentiary institutions in the southern and island regions, while 31% are in the northern regions and 21% in the central regions. A different picture emerges when focusing on foreign nationals incarcerated for violation of article 73: the majority are held in prisons in the northern regions (57%), while 26% are in central regions and 17% in southern and island regions. This suggests that foreign criminal organizations are more active in the retail sale of narcotics in northern regions, while indigenous organizations prevail in the southern regions and islands.

During 2024, 11,220 people entered detention for offenses related to article 73 (5,811 entries in the first six months and 5,409 in the second semester), corresponding to 26% of total entries from freedom during the year. Between 2017 and 2020, this percentage was between 30% and 31%, but a slight decreasing trend has been observed in recent years. Of the total entries for violation of article 73, 42% were of foreign nationality, a percentage that has remained stable since 2021. Between 2012 and 2020, this value fluctuated between 45% and 48%.

In 2024, **minors and young adults aged 14-24** (until 25th birthday) followed by the Juvenile Social Service Offices (USSM) for drug-related offenses totalled **3,757⁹**, accounting for **17%** of the 22,212 total cases under care. Of these, 96% were male, 20% of foreign nationality, and 28% were being followed by Juvenile Social Services for the first time. The percentage of young people under Juvenile Social Services for drug-related offenses increased from 17% to 20% between 2013 and 2020, then gradually declined over the last four years. The percentage of foreign youths involved also fluctuated, ranging between 14-16% from 2013 to 2020 and reaching 20% in 2024.

As in previous years, **about 98%** of juvenile offenders under care for drug-related crimes were charged solely with production, trafficking, and possession (**article 73**); **0.4%** were charged with the more serious offense of association aimed at illegal trafficking (**article 74**); and **1.2%** with **both offenses**—percentages that have remained substantially stable over the last five years. The remaining 0.05% relates to other related offenses.

In 2024, the share of young people aged 14-24 subjected to **community/alternative penal measures to detention** for drug-related offenses was 17% (**108 cases** out of 640 total cases), reaching the highest value since 2013. Nearly all were male, 22% were foreign nationals, and 10% were minors.

A significant datum concerns the **1,260 young people followed by Juvenile Social Services under suspension of proceedings and probation measures (MAP)**, issued in 2024 or still active from previous years for offenses related to drug laws. This group represents 19% of all minors involved in MAP measures (6,708 cases), marking a steady decline since 2018, when the percentage was 28%. In this group as well, nearly all young people involved are male (96%), 15% are foreign nationals, and 44% are minors.

In 2024, **205 minors and young adults** were placed in **Juvenile Penal Institutions** for crimes falling under drug-related laws, accounting for 16% of total admissions (1,258 cases). After the 2020-2022 period, when this percentage was around 13%, an increasing trend has been observed over the last two years. All admissions were male; 32% involved foreign nationals, and 70% were minors.

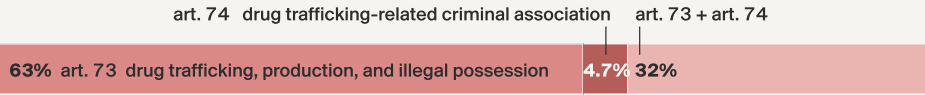
In 2024, **437 minors and young adults** were placed in **therapeutic communities** for having carried out drug-related crimes, representing 22% of the year's placements (2,011 cases), returning to pre-pandemic levels. Most were male (98%) and 28% were foreign nationals; 74% were aged 16 to 17, and 16% were between 14 and 16 years old.

⁹ Source: Ministry of Justice – Department for Juvenile and Community Justice

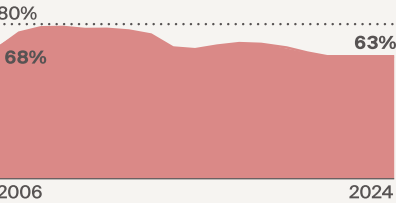
Table 5.2.
Individuals in the penitentiary system for drug-related crimes during 2024

Detainees for drug-related crimes committed under DPR No.309/1990 (art. 73 and art. 74) on Dec, 31st

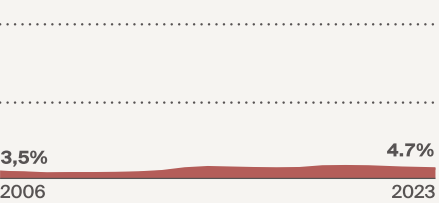
21,083
Detainees for drug-related crimes of the total prison population



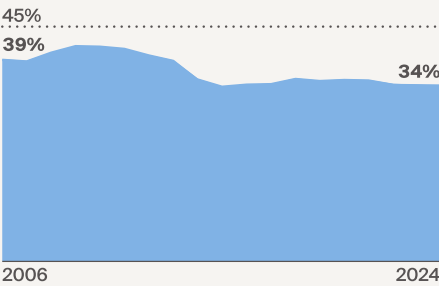
under art. 73 over total drug-related



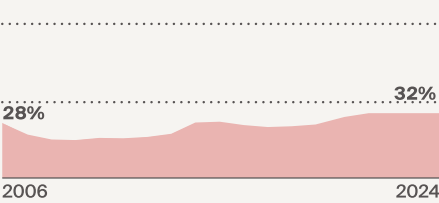
under art. 74 over total drug-related



Temporal trend



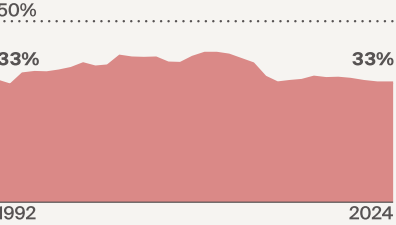
under art.73+art.74 over total drug-related



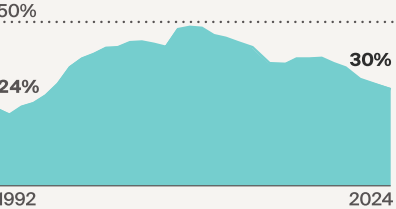
Detainees for crimes committed under art. 73 DPR No.309/1990

20,086
detainees under art. 73 present on 31 December

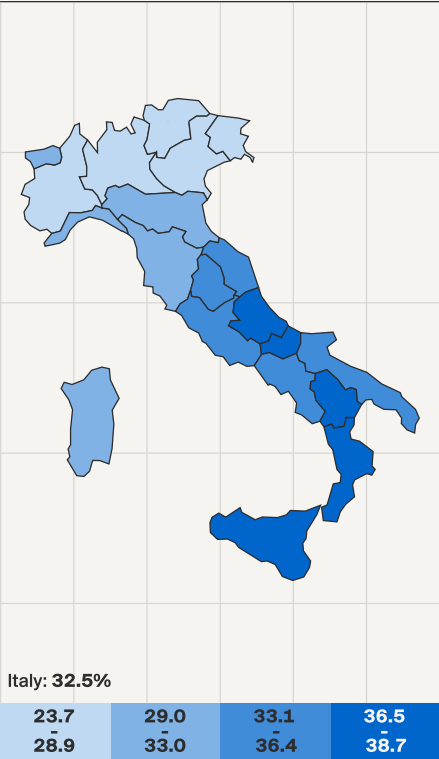
33%
of the total present detainees



Foreign nationals

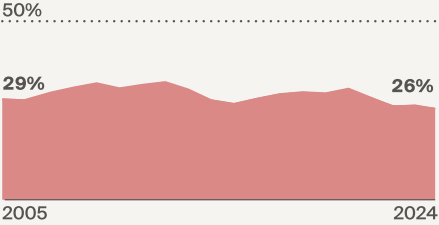


Percentage of detainees under art. 73 over the total per region

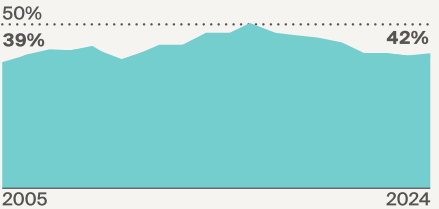


11,220
entrances from freedom in violation art. 73

26%
of the total entrances



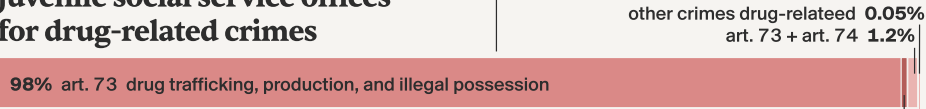
Foreign nationals



Due to rounding of number the sum of the percentage values could be between 99.1% and 100.9%
Source: Ministry of Justice – Department of Penitentiary Administration

Minors and youth aged 14-24 (until 25th birthday) in the penitentiary system under DPR No.309/1990

3,757
individuals followed by the juvenile social service offices for drug-related crimes

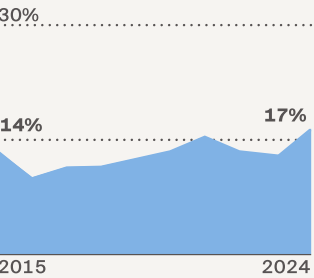


Foreign nationals

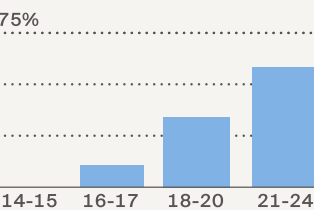


Community/ alternative penal measures to detention

108
17% over total



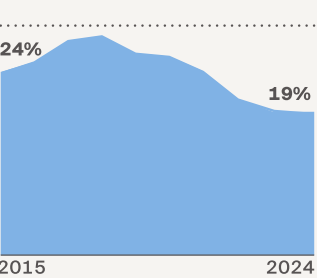
Distribution by age-group



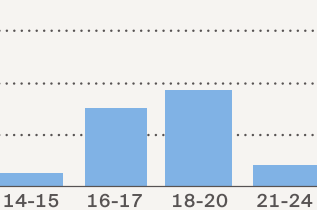
Due to rounding of number the sum of the percentage values could be between 99.1% and 100.9%
Source: Ministry of Justice – Department for Juvenile and Community Justice

Suspension of proceedings and probation measures

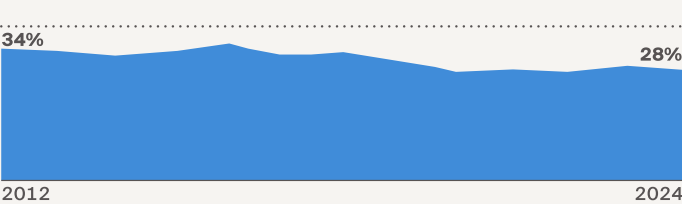
1,260
19% over total



Distribution by age-group

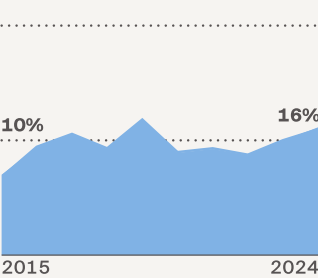


In care for the first time

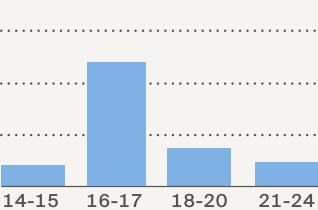


Entrances in juvenile penal institutions

205
16% over total

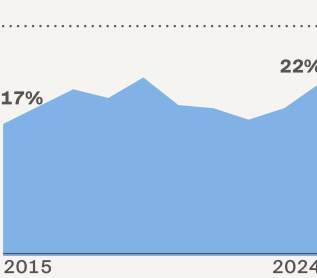


Distribution by age-group

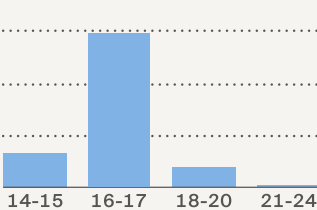


Placed in therapeutic communities

437
22% over total



Distribution by age-group



Drug-related violations during 2024

Percentage over the total



36,960 Reports

Cannabinoids Cocaine/Crack Heroin/other opiates

Drug-related crimes during 2024

Percentage over the total



27,989 Offences

Acknowledgements

We wish to thank all those who have contributed to the development of this report:

Ministry of Interior

Department of Public Security - Central Directorate for Antidrug Services
Department of Public Security - Anticrime Police
Directorate - Scientific Police - Unit for psychotropic and narcotic substances
Department of Public Security - Traffic Police Service
Department for general administration, personnel policies of the civil administration, and instrumental and financial resources - Central Directorate for General Administration and Prefectures - Office II - Telematic Networks, Information Systems and IT Security
Department for general administration, personnel policies of the civil administration, and instrumental and financial resources - Central Directorate for General Administration and Prefectures - Office V - Studies, Research and General Documentation

Ministry of Justice

Ministry of Justice - Department of Justice Affairs
- Directorate General for Internal Affairs - Office I
Department of Justice Affairs - Directorate General for Internal Affairs - Office III - Criminal Records Office and Civil Judicial Sanctions Register
Department of Penitentiary Administration
Department of Juvenile and Community Justice

Ministry of Health

Directorate General for Digitalization, Health Information System and Statistics former Directorate General for Medical Devices and Pharmaceutical Service - Central Narcotics Office

Ministry of Defence

Carabinieri Corps - Scientific Investigation Grouping

National Institute of Statistic - ISTAT

Department for Statistics Production - Central Directorate

for National Accounts - Final Demand Services, Labour and Capital Inputs, Environmental Accounts - CNB
Central Directorate for Social and Welfare Statistics - Integrated System for Health, Assistance and Social Security Service

National Institute of Health

National Centre for Addictions and Doping
Department of Infectious Diseases - AIDS
Operational Centre

National Research Council

Institute of Clinical Physiology

Mario Negri Research Institute, IRCCS - Milano

Interregional Technical Group on Addictions - Health Commission of the Conference of Regions and Autonomous Provinces

Public Departments and Addictions Units of the Regions and Autonomous Provinces Health Authorities

Scientific Association of the Italian Group of Forensic Toxicologists

Organization and Service Providers who took part in the National Survey of Third Sector Services

4Exodus società cooperativa sociale; A.E.P.E.R. cooperativa sociale; Accoglienza e Lavoro società cooperativa sociale ONLUS; Airone società cooperativa sociale a.r.l.; Alice società cooperativa sociale ONLUS; Anteo Impresa cooperativa sociale; Arca di Como società cooperativa sociale; Arnera società cooperativa sociale; Arteinsieme società cooperativa sociale; Associazione Airone ONLUS; Associazione Aliseo ONLUS; Associazione BAN-carella ODV ETS; Associazione Cascina Verde Spes; Associazione

Centro Antidroga ONLUS; Associazione Centro d'ascolto Madonna del Rosario; Associazione Centro Le Ali ONLUS; Associazione Comunità Alfaomega; Associazione Comunità Il Gabbiano ODV; Associazione Comunità Massimo ONLUS; Associazione Comunità Nuova ONLUS; Associazione Comunità sulla strada di Emmaus; Associazione Comunità Terapeutica La Tempesta ONLUS; Associazione Comunità Terapeutica Nikodemo; Associazione Fa.C.E.D. ETS; Associazione Fides; Associazione Fides; Associazione Genitori Antidroga; Associazione Gruppo Abele di Verbania ONLUS; Associazione Gruppo Solidarietà ODV ETS; Associazione Il Ponte Centro di Solidarietà di Don Egidio Smacchia ODV; Associazione Il Porto ONLUS; Associazione Insieme ETS; Associazione Insieme Verso Nuovi Orizzonti ODV; Associazione Arcobaleno; Associazione L'Arcobaleno ETS; Associazione La Tenda Centro di Solidarietà ODV; Associazione La Tenda di Cristo ODV; Associazione Mondo X Sardegna; Associazione Movimento Fraternità Landris; Associazione Trentina Insieme Verso Nuovi Orizzonti ODV; Associazione "Mastropietro & C." APS; Atipica Cooperativa Sociale ONLUS; Berta '80 società cooperativa sociale a.r.l.; Borgorete società cooperativa sociale; C.A.P.S. cooperativa sociale a.r.l. ONLUS; C.A.S.T. Assisi ONLUS; C.A.T. cooperativa sociale; C.E.R.T. Nuova Vita; C.I.PA. - Centro di Informazione Prevenzione e Accoglienza ODV ETS; CAPS cooperativa sociale a.r.l. ONLUS; Carebbio società cooperativa sociale; Casa Emmaus società cooperativa sociale; Casa La Speranza; Casa Miriam - Fondazione Caritas Di Vigevano; Ce.Re.So. - Centro Reggino di Solidarietà ODV; CEIS Genova società cooperativa sociale; CEIS San Crispino di Viterbo ODV; CEIS società cooperativa sociale; CEIS Verona cooperativa sociale; Cento Fiori società cooperativa sociale ONLUS; Centro Accoglienza l'Ulivo società cooperativa sociale; Centro di Accoglienza Don Vito Sguotti; Centro di Solidarietà di Reggio Emilia società cooperativa sociale; Centro di Solidarietà F.A.R.O. (Fraterno Aiuto Riabilitazione e Orientamento); Centro di Solidarietà il Delfino cooperativa sociale; Centro di solidarietà Pratese ONLUS; Centro Diurno Droga Stop - CO.RI.S.S.; Centro Gulliver società cooperativa sociale a.r.l.;

Centro Italiano di Solidarietà di Belluno - CeIS ONLUS; Centro italiano di solidarietà Don Mario Picchi ETS; Centro Kades ONLUS; Centro Sociale Papa Giovanni XXIII società cooperativa sociale ONLUS; Centro Solidarietà Firenze ONLUS; Centro Torinese Di Solidarietà società cooperativa sociale; Centro Trentino Di Solidarietà ETS; Centro Vicentino di Solidarietà - CeIS ONLUS; Co.Ge.S. Don Milani società cooperativa sociale; Cometa consorzio di cooperative sociali; Comunità Aperta società cooperativa sociale ONLUS; Comunità del Giambellino società cooperativa sociale; Comunità Di Servizio Ed Accoglienza Betania ODV; Comunità Emmaus-3; Comunità Fraternità società cooperativa sociale ONLUS; Comunità Giovanile ETS; Comunità in Dialogo Organizzazione di volontarietà ETS; Comunità Incontro ETS; Comunità L'Ancora; Comunità La Tenda cooperativa sociale; Comunità Marco Riva - ODV; Comunità Monte Brugiana; Comunità Oasi2 San Francesco cooperativa sociale ONLUS; Comunità Oasi2 San Francesco società cooperativa ONLUS; Comunità Papa Giovanni XXIII cooperativa sociale a.r.l. ONLUS; Comunità San Francesco ONLUS; Comunità San Maurizio; Comunità San Patrignano società cooperativa sociale; Comunità Terapeutica L'Angolo; Comunità Terapeutica La Tolda; Comunità Terapeutica Zappello; Congregazione delle Pie Suore della Redenzione; COOPERATE società cooperativa sociale Ente gestore Progetto Terapeutico Fratello Sole; Cooperativa di Bessimo ONLUS; Cooperativa di Solidarietà Lautari ONLUS; Cooperativa Lotta Contro l'Emarginazione; Cooperativa Sociale ACLI - Società Cooperativa ONLUS - Unità operativa Comunità Terapeutica "La Nostra Casa"; Cooperativa Sociale P.A.R.S. Pio Carosi Impresa Sociale ETS; Cooperativa Solco Dai Crocicchi; Cooperativa Tetto Fraternal società cooperativa; Cosmo società cooperativa sociale; Crest s.r.l.; CSA Centro di Solidarietà di Arezzo ETS; CUFRAD; Delta Solidale società cooperativa sociale; Dianova cooperativa sociale; Fermata d'Autobus Associazione ONLUS; Folias cooperativa sociale; Fondazione Arca Centro Mantovano di Solidarietà ETS; Fondazione Casa di Lodesana - Don Enrico Tincati ETS; Fondazione di Partecipazione San

Gaetano ONLUS; Fondazione Don Calabria Per Il Sociale ETS; Fondazione ETS Centro Italiano di Solidarietà CeIS - Gruppo Giovani e Comunità di Lucca; Fondazione Gruppo Abele ONLUS; Fondazione La Ricerca - Don Giorgio Bosini ETS; Fondazione Nuovo Villaggio del Fanciullo; Fondazione Opera Santi Medici Bitonto ONLUS - C.T. Lorusso Cipparoli; Fondazione San Germano ONLUS - Comunità San Pietro; Fondazione Villa Maraini ETS; Gaia società cooperativa sociale ONLUS; Gineprodue cooperativa sociale di solidarietà ONLUS; Giovanni Paolo II società cooperativa sociale - Comunità Il Risorto; Giuseppe Olivotti società cooperativa sociale; Gruppo Arco società cooperativa sociale; Gruppo CeIS; Gruppo Incontro società cooperativa sociale; Gruppo Maranathà ODV ETS; Gruppo Valdinievole; Il Camino impresa sociale s.r.l.; Il Cammino cooperativa sociale ONLUS; Il Mandorlo società cooperativa sociale; Il Mandorlo società cooperativa sociale; Il Ponte - Centro di solidarietà di Don Egidio Smacchia - ODV Coccinelle; Il Ponte - Centro di solidarietà di Don Egidio Smacchia - ODV Comunità; Il Progetto; Il Punto cooperativa sociale; Istituto Suore Buon Pastore; L'imprevisto cooperativa sociale a.r.l.; La Casa del Sole cooperativa sociale; La Svolta - Le Virage società cooperativa sociale; Labirinto cooperativa sociale; Magliana 80; Nefesh società cooperativa sociale; Nova società cooperativa sociale;

Nuova Vita società cooperativa sociale; Nuovo Cammino società cooperativa sociale; Open Group; Opera Santa Maria Della Carità; P.G. Frassati società cooperativa sociale ONLUS; Pane e Rose cooperativa sociale; Parsec cooperativa sociale a.r.l.; Phoenix società cooperativa sociale; Piccola Comunità ONLUS - impresa sociale; Polo9 società cooperativa sociale impresa sociale; Progetto N ETS; Progetto per adolescenti MySpace; Progetto Villa Lorenzi ODV; Proteo società cooperativa sociale; R.E.D. 7 Novembre; San Benedetto cooperativa sociale ONLUS; SAT ODV - Servizio Assistenza Tossicodipendenti ODV; Servizi per l'Accoglienza società cooperativa sociale; Sette società cooperativa sociale ONLUS - Comunità Il Molino; Soggiorno Proposta; Solidarietà Dicembre '79 ETS; Sonda società cooperativa sociale ONLUS; Spazio Esse comunità terapeutica residenziale; Terra Mia società cooperativa sociale; Teseo società cooperativa sociale A.R.L.; Un fiore per la vita cooperativa sociale; VALSA CEPIA società cooperativa sociale ONLUS; Villa Ticinum società cooperativa sociale.

**Expert Consultants for the Department for Policies
Against Drug and Other Addictions**

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Dipartimento delle politiche contro
la droga e le altre dipendenze



2025

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