



WP4 NATIONAL REPORT ITALY

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1. THE POLICY CONTEXT

1.1 Overall drug policy context

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

(From: National drug strategy, Public expenditure, and National coordination mechanisms <http://www.emcdda.europa.eu/system/files/publications/4519/TD0616150ENN.pdf>)

1.2 Coordination mechanisms

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

<http://www.emcdda.europa.eu/system/files/publications/4519/TD0616150ENN.pdf>

1.3 Prevention of (poly)drug use among young people in touch with the criminal justice system

In the National Action Plan on Drugs (2010) on the base of the European Plan, "to offer treatment and harm reduction services to drug consumers in prison" is among the

objectives of the “Demand reduction” (p. 29). Besides, it is recommended (p. 61) a better use of the **alternative measures**, that is, improve procedures faster and more efficient to favour people condemned or awaiting trial accessing the penitentiary benefits, especially minors.

In the Prevention area there are two specific recommended actions addressed to young detainees (p. 70):

- To develop permanent prevention programmes in under-age justice services (14-18)
- To evaluate such programmes also in terms of recidivism

In the Treatment area is affirmed the necessity to define a proper and well-defined organization to guarantee appropriate treatment also in prison, which is declined in the following actions (p. 79):

- To increase the chances for prisoners to access alternative measures (therapeutic programs, art. 95 DPR 309/90)
- To prevent imprisonment of drug addicts, already when being processed, by sending them to accredited nursing homes
- Define guidelines and protocols common to all Regions and the public administrations
- To ensure continuity of care to drug/alcohol addicts who enter the penal system
- To ensure continuity of pharmacological treatment for infectious diseases
- To activate programmes to prevent death for overdose at the release.

Furthermore, it is affirmed the aim (p. 90) to activate a monitoring system of detained addicts (according to ICD9 criteria) and a specific study on minor in treatment for drug use, also on those in touch with the Justice system.

2. THE LEGAL CONTEXT

2.1 Drug legislation

In Italy, the Consolidated Law, adopted by the Presidential Decree No. 309 on 9 October 1990 and subsequently amended, provides the legal framework for trade, treatment and prevention, and prohibition and punishment of illegal activities in the field of drugs and psychoactive substances. Use itself is not mentioned as an offence. Possession for personal use is punishable by administrative sanctions (such as the suspension of a driving licence, suspension of passport). Since Law 79 of 16 May 2014, a distinction has been re-established between less dangerous drugs in Schedules II and IV, and more dangerous drugs in Schedules I and III. Administrative sanctions for personal possession offences may be 1–3 months for the former, and 2–12 months for the latter. If a person is found in possession of illicit drugs for the first time, administrative sanctions are not usually applied, and instead the offender receives a warning from the Prefect and a formal request to refrain from use. The offender may also be invited to undergo treatment or rehabilitation, which if positively concluded involves the revocation of sanctions – if already applied - and the conclusion of the proceedings.

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

The penalty for supply-related offences such as production, sale, transport, distribution or acquisition depends on the type of drug, again referring to the Schedules. For more dangerous drugs (cocaine, heroin, etc.), dealing is punished by 8–20 years' imprisonment, while for less dangerous drugs (cannabis, etc.) penalties are from 2–6 years' imprisonment.

According to D.L. 36/2014, when the offences are considered minor due to the means, modalities or circumstances, the terms of imprisonment are 6 months–4 years' imprisonment (for all drug types). Evaluating whether the offence is minor should take in account the mode of action, criminal motives, character of the offender conduct during or subsequent to the offence, and the family and social conditions of the offender. In addition, there is a fine from 1,032 to 10,329 Euros. However, in the case of minor offences, detention and fine can be substituted by a period of community service (Law no. 79/14). Pre-trial detention is no more allowed; arrest is possible only in case of flagrancy. Moreover, defendants may request the suspension of the trial through the so called “messa alla prova”, literally “put to the test”, which consists in the suspension of the criminal proceedings with probation (see Law no. 67/2014).

In previous years, Italy has addressed sales of new psychoactive substances (**NPS**) using consumer safety laws, but now several generic substance groups have been added to the main drug control law.

(from National Drug laws on <http://www.emcdda.europa.eu/countries/italy#laws>)

While hemp cultivation for industrial transformation is permitted (l. 242/16) and therapeutic use of medical **marijuana** has been authorized in many Regions, the recreational use is forbidden, although subject of several bills aimed at legalization.

2.2 The penal system

As well as adults, even minors (aged 14-17) found in possession of drugs may be charged for administrative or criminal offenses, depending on the amount. However, for minors facilities are provided, according to the provisions of Royal Decree 1404/1934 and Presidential Decree 22/08/1988, no. 448, including special rules in relation to the faculty of arrest of a minor in criminal offense, institutes alternative to the application of sanctions, are judicial forgiveness in the case of restrictive penances not exceeding two years.

Criminal responsibility is acquired at the age of 14 years, but it is always subordinate to the assessment of the actual ability to understand and want. The duration of precautionary measure is two-thirds inferior for children under 16 and half for under 18 (art. 23 D.P.R. 448/1988). Furthermore, the punishment is reduced by one third (Article 98 of the Penal Code).

The Juvenile Court is competent for offenses committed by under 18-year-old and the special jurisdiction of the juvenile judge ceases at the age of 25 years.

From the Code of Minors Procedure (1988) some specifications for minors enabled the start of a process aimed at reducing imprisonment through diversification, individualisation, and alternative measures.

Several procedural ad hoc norms for minor offenders do exist, but there is no a penal code specific for minors. Which means that minors may be subjected to the same penalties as adults, because they are differently treated only during the trial. However, the introduction of an ad hoc penal code is provided by a bill under discussion at the Chamber of Deputies since 2015.

Prisons for minors are subjected to the same regulation provided for adults. Therefore, main problems are inadequate structures and spaces and, above all, lack of operators with professional competences, who are almost exclusively prison guards, while the number of educators and social workers is totally inadequate. *(Based on Marietti 2015)*

2.3 Organisation of the Youth System/Criminal Justice System - ADULTS

The present Penitentiary Regulation (DPR 230/2000) has modified the prison internal organization, setting up the Penitentiary Administration Department (DAP), with territorial branches (*Provveditorati*). Generally speaking the Regulation has adapted the national discipline to international indications from the United Nations and the Council of Europe, increasing the rights of detainees and the use of alternative measures. A great input for the alternative measures was provided also by European Court for the Human Rights (Torreggiani sentence 2013). In parallel, other norms have been settled aimed at reducing pre-trial detention (Law no. 117/2014 and no. 47/2015) (Ronco 2017).

On the paper, the Regulation is really enlightened, as it provides for structural improvements, the enhancement and co-ordination of treatment tools (through the Observation and Treatment Group), the introduction of cultural mediators, accompanying work, and increased monthly talks to relatives (Vianello 2012). However, with the passing of time it has been defined as “token legislation” as it only marginally improved the detainees’ conditions. Indeed, it is increasingly difficult to apply, due to the radicalization of the present critical issues, the economical and the welfare state crisis (ibidem). As a consequence, inconsistencies between the norms - constitutional and ordinary - and the practices are many. This is particularly true for the alternative measures, which require conditions that are not always realistic.

The *Magistratura di sorveglianza* (surveillance judge) is the body responsible for the execution of the sentence being in accordance with the detainees’ rights, called for action in particular on alternative measures. In the Ombudsman's model, the figure of the Guarantor of the Prisoners’ Rights was also introduced at different levels (local, regional and national).

The main alternative measure specifically designed for alcohol and drugs addicts is the commitment to social services programs (*affidamento in prova ai servizi sociali*), which can entail:

- The suspension of the execution (TU, art. 90¹)
- The residual penalty discount after a period of detention (TU, art. 94)

This measure can be asked in case of sentence or residual penalty (already committed) inferior to 4 years, 6 in the case of drug addicts. It can be presented - already at the time when the order of imprisonment is issued - to the public prosecutor, who suspends the order waiting for an answer by the Supervisory Court. Therefore, most of the offenders do not even pass through the prison². The request has to be evaluated by the Surveillance judge, with wide margin of discretion and by requiring the detainee to prove things and circumstances almost impossible to prove, for instance that there is no risk of escape and the detriment of imprisonment. Therefore, in the courts practice, the suspension is not always granted and addicts in the last ten years are more and more sent to prison. Furthermore, the equation between public or private services where the addict offenders can be treated, results in a great iniquity of access to the measure (Scarciglia & Oleandri 2017). Two major and contested limits of this measure concern the fact that the upper limit of the penalty/residual penalty for access to is 6 years³ and the fact that treatment professionals are asked to report to the judges the violations committed by the person in the treatment program, thereby violating the trust between the medical doctor and the patient. Besides, the judge must prove that there are no such elements as to make the risk of escape. Because of the cited limits, these alternative measures have been defined as “characterized by a maximum of discretion combined with minimal certainty” (Scarciglia & Oleandri 2017).

¹ Unique text on drugs, clause n. 90

² Which is possible for sentence not longer than 4 years

³ The limit is reduced to 4 for special type of crime

Other alternative measures are **semi-liberty** and **home detention**. The latter - introduced by the 1975 penitentiary law and extended by the law no. 199/2010 - is now possible for penalties not longer than 18 months. Both these measures can be applied to detainees with drug problems who have not requirements for other alternative measures, that is, who cannot access to treatment communities. To offenders who use substances can also be applied, with a sentence of condemnation, the sanction of public utility work in replacement of detention (Law. no. 49/06).

Looking at the general population of detainees, home detection has been increasingly used in recent years, while social services programs, which have always been the most used measure, are less and less applied. Also, commitment to social services by the state of detention is increasing compared to commitment granted since the sentence, thereby reducing the gap. The least used measure, semi-liberty – is decreasing too (Ronco 2017).

2.4 Treatment of addiction problems in prison

Since 1990 the treatment for detainees with addiction problems are provided by local public drug addiction service units (SerDs), through specific centres present in all the penal institutions. According to the DPCM April the 1st 2008, all health care was transferred to the National health system, while before it was provided by the justice system.

The law establishes that detainees have the right to receive prevention, diagnosis, and treatment services as well as other citizens, based on LEA (Essential Level of assistance). Principles affirmed are globalism of intervention, unity of services and performances, integration of social and health assistance, and therapeutic continuity.

Medical evaluation is provided to all new entries by the general practitioner together with the psychologist and specialists if needed.

The law also provides some actions and prior interventions, among which:

- the implementation of specific prevention activities, information and education provided aimed at reducing the risk of drug-related-problems;
- the preparation or continuation of individualised therapeutic programs, based on a multidisciplinary diagnosis of the subjects' needs.

The law (DPR 309/90, art. 96) solicits also the creation of specific section named "Attenuated custody for detainees with addition problems", at least one for each region. These sections can involve also external addiction services professionals, and mental health professionals when needed. They must provide to alcohol/drug addicts who voluntary access to programs, prevention, harm reduction rehabilitation and social reintegration. The opportunity to separate drug addicts from other detainees is not shared by all professionals and operators in Italy (int. 17⁴).

⁴ Interviewees who have been individually interviewed have been associated to a numbers corresponding to those of the survey respondents. See Appendix 1 to more information on methods and samples and to check the role of respondents.

Even though the substitutive treatment with methadone should be provided in all penal institutions, approaches are heterogeneous and not standardised (Cappa and Teta 2013). Short term treatments (scaling therapy) are spread, while maintenance treatment is limited. There are even penal institutions that do not accept detainees who are currently under substitutive treatment. Obstacles are due to organizational, contextual and cultural factors. Furthermore, in certain cases, detainees with addiction problems are confined in dedicated-areas not very liveable (ibidem).

Offices for the Execution of Sentences in the Community (UEPE) play an important role for the rehabilitation process, both in the phase of access to the measure – evaluation of the context, definition of the program... - and in the phase of execution of the measure. The inter-institutional cooperation between regions, health services, surveillance judges, and UEPE is strategic for the alternative measures. To this purpose some regions have provided specific guidelines for alternative programs for offender with addiction problems, agreed with all the institutions involved.

2.5 Organisation of the Youth System/Criminal Justice System – MINORS

Minors in state of arrest or standstill are held in so called **First reception centres (CPA)** until the validation hearing, which must be realised within 96 hours. There are 27 CPA on the national territory. Main aims of the CPA are to collect information on the minor to be provided to the judge, to contact families and to collaborate with other juvenile services. With respect to the minor, the CPA operators help him/her to reflect on the offence and to assume his responsibilities, also they assist him/her during the trial. Most of the minors accessed to CPA (83.9%) subsequently access to a precautionary measure. More than half of the minors who enter the CPA are immigrants (53% in 2014), and they are most frequently than Italian minors sent to custody in jail or to a reception community.

Juvenile detention centres (IPM) may correspond to more than one Courts of Appeal, having jurisdiction over more regions. They are residual (detained minor are about 500) and the average stay is a few weeks. Furthermore, most of detainees today are majors who committed the offence when they were minors.

Numbers of minors sent to **reception communities** have been increased from 1,339 in 2001 to 1,987 in 2014, which contributed to limit the number of minors in jail. Communities provide socio-assistance and educative interventions. The Law establishes that communities must be characterised by an organization and relationships similar to familiar ones. Minor offenders are included in projects that represent an alternative to prison.

The measure called '*messa alla prova*' (social services programs) was originally introduced for minors, and only later on it was transferred to adults too. It provides an alternative not only to jail but also to the trial, which is suspended during the put to test. If this is positively concluded, then the offence will be declared extinct.

Problems are reported about the diagnosis process, as minors often escape from interventions. In addition in some regions there are not therapeutic communities specific for minors with drug related problems. Furthermore, communities for drug addicts are not necessarily the best places for minors, while socio-educative communities with health

assistance could be. Another reported issue is the treatment of dual diagnoses, a phenomenon that results increasing in recent years; the problem relates to the diagnosis as it is extremely risky to label minors (Report to the Parliament 2016).

2.6 Detainees activities: education and work

The detainees' life is marked by various activities: sport, work, school, professional training, relationship with relatives, and television, while the use of internet is forbidden.

For adults, as well as for minors, relationships with relatives or friends are limited to 6 hours of personal meeting and to 4 phone calls of ten minutes per month, which must be authorised and are subjected to controls.

The Minister of Education is responsible for projecting, coordination and monitoring of the school training courses in prison, and the local centres for adults' education (CPIA) are responsible for organization of primary and secondary school courses in prison. The DPR 448/88 also provides that detainees can exit from prison to attend regular extern secondary school, however this possibility is usually not authorised.

Brief professional training course are frequent, held by artisans or local associations, while longer courses, provided by professional schools accredited to provide a certificate after the exam are less spread.

Professional training courses are given much importance by the penitentiary regulation, and it is defined as part of treatment. In some cases detainees can do some work either on behalf of the penitentiary administration, for the ordinary management of the same structures, or on behalf of external enterprises and NGOs who engaged authorised detainees for external works.

Main ways of job placement are job grants, internships, and apprenticeship, which is not much used, yet.

Law 193/2000 provides economic incentives - leases reductions, contributions and tax relief cuts - enterprises and social cooperatives that hire detainees' workers for both internal and external activities. Both adults and minors who have fulfilled their compulsory education can access to this measures.

(based on Di Rico, in Marietti 2015)

3. PREVALENCE DATA ON DRUG USE AND YOUNG PEOPLE

Literature on prevalence and patterns of drug use among young people in criminal justice system is non-existent (see Appendix 1). Some data are available from the Annual Report to the Parliament on Addiction (2016), below quoted, which however do not provide data for young people specifically.

3.1 Adults

On the annual Report to the Parliament on the situation of addiction in Italy (2016) it is stated that adult detainees with drug-related problems – not necessarily with an addiction diagnosis - are about 25% of total detained population and that this rate results stable during the last 5 years. Information by age, pattern of consumption, and type of drug are not provided.

On the National Anti-drugs Plan (p. 159), it is stated that it is difficult to count addicts in prisons because of the recent attribution of the penitentiary medicine to the Regions, the absence of shared diagnostic protocol, and the absence of a centralized data system. Precise data on people in touch with the penitentiary system who use illegal substances are actually not available at national level, especially with reference with the age cohort under study⁵.

However, some data are available on the website of the Penitentiary Administration Department (DAP)⁶ useful to frame the phenomenon and following resumed. The total number of detainees, on December the 31st 2016, were 54,653, of which 7.5% (4,118) aged 18-24. Women represent only the 4.2% of the whole population, while immigrants the 34.1%. More present ethnic groups are from Morocco (17.6%), Romania (14.6%), Albania (13.0%), and Tunisia (10.7%).

At December 2016 sentenced offenders with alcohol/drug problems and aged 18-25 assigned to social services from the state of freedom were 46, and 109 were those assigned from the state of detention. Those in provisional measure – that is, those to whom the Surveillance judge has provisionally granted an alternative measure - are 64. Offenders aged 18-25 represent only the 3.6% of the all detained population with alcohol/drugs problems, while the more represented age cohort is that of 36-50-year-olds.

According to the Report to the Parliament on drugs (2016), in 2015 90% of alternative measures for offenders with alcohol/drug related problems had a positive outcome (94% in case of measures applied instead of prison).

Sentenced people with drug problems and assigned to social services for treatment, have been mainly treated by SerD (local addiction services) (56%), while has been treated in therapeutic communities the 44% of them. Home-detainees with drug problems have been treated by SerD in the 71% of cases, in therapeutic communities in the 29% of cases (ibidem).

⁵ Data are provided only in aggregate form, and cohorts do not always coincide depending on the matter

⁶ https://www.giustizia.it/giustizia/it/mg_1_14.wp?selectedNode=3_1_6

Detainees for crimes related to production, sale and detention of illicit drugs (art. 73 DPR 309/90) are 16,712 and those related to association aimed at drug traffic (art. 74 DPR 309/90) are 5,875. Women represent only the 4% of both target populations, while immigrants cover respectively the 37% and the 14% (Report to the Parliament 2016).

3.2 Minors and under 25 who committed a crime before 18

In 2015, minors and young adults under 25 years (who committed a crime before their 18) in touch with the Justice system and in charge of services for use/abuse of drugs were 3,647, half of them already present the year before. They were 94% male and Italians (85%), while foreign minors within the penal system come mainly from Africa and from East European countries. Most of problems related to cannabis, cocaine and heroin – the last two substances increasing with increased age. However, the most spread consumption pattern is polyconsumption, including also alcohol.

Minors and young adults under 25 years entered in the Justice system for production, sale and detention of illicit drugs in 2015 are 5,131, that is 66,2% of the total (ibidem).

3.3 Interviewees' perceptions

Given the scarcity and poor quality of data, all interviewees agree that the consumption of drugs in the penitentiary system is a submerged phenomenon and, basically, a taboo that is never made explicit at national level as to admit it would imply to admit that there is a lack of control in the prison security system (int. 11).

The interviewees' perception about the phenomenon are based on information provided by the detainees, and they all agree that it is a spread phenomenon, somebody assumes that it involves 50% of detainees (int. 1), others 30% (int. 17), while minors with drug use problems in contact with the system maybe even 80% (int. 5).

It seems that obtaining drugs in prison is not difficult at least in normal sections, while in special sections (ICAT- attenuated custody) it is more difficult as the same detainees have asked to be sent into a drug free section (int. 4).

Detected substances are cannabis, heroin and cocaine, while NPS are not detected nor our interviewees know if they are present in the penitentiary system. Polyconsumption is the main consumption pattern, also because the supply may be discontinuous, and include also alcohol and prescription drugs, mostly psychotropic but also anti-inflammatory drugs like buprenorphine. For somebody (int. 4, int. 10, int. 11), the misuse of psychoactive prescription drugs is a major problem compared to that of illegal drug, and it is so spread as it is convenient to everyone, detainees, guards and administration. Furthermore, according to someone, it has determined the expansion of an illegal market of prescription drugs even outside of the prison (int. 11).

4. INITIATIVES TO ADDRESS USE/ POLYDRUG USE/ NPS USE AND ESCALATING PATTERNS OF USE AMONG YOUNG PEOPLE IN THE CJS

Since the problem is somehow ignored, there are no national guidelines about how to face consumption and drug-related problem within the penitentiary system, even though there are some singular initiatives in certain regions, such as Lazio (int. 17).

In the lack of a common line, the Serd (public local addiction service) present in each prison makes the difference, and consequently there are almost as many intervention models as penitentiary institutions. Indeed, in some regions there are agreement among penitentiary institutions, Serd and other subjects involved in the treatment programs – e.g. NGOs, associations... - while in certain places it is difficult even to assure methadone maintenance treatment (int. 17). For this reason the survey cannot be considered exhaustive about all the national experiences.

Furthermore, Italian scientific literature on this topic is scarce (see attachment 1), and majority of publications do not focus specifically on young adults. Indeed, it seems that another characteristic of the Italian case is that there are not interventions specifically addressed to young adults (18-25). While for minors there are dedicated institutions and initiatives, young adults do not constitute a specific target within the adult penitentiary system (int. 5). Which is a limit for some of the interviewees, because to intervene with this age group, when addiction and consumption patterns are not yet consolidated, could be really effective in order to deviate the consumption trajectories (int. 1). The focus of such interventions should be the life conditions and lifestyles, and drug consumption treated as one aspect (int. 17).

Even though interventions are different in different areas and are often related to the local characteristics and resources – e.g. related to the presence of associations and to the level of collaboration between services penitentiary and health services – preventive interventions target to drug users can be summarised in some main categories⁷, following resumed for each age target.

Most of interventions quoted are still ongoing and have been evaluated and reported, which does not mean that they have been object of scientific studies.

4.1 Young adults

Maybe the most interesting interventions are those experiences in special sections dedicated to addict offenders called Attenuated Custody Sections (ICATT) (S4⁸, S1, S3. See also Iacopino 2013). Those described are apparently treatment programs, but they are intended as relapse prevention.

- In Torino prevention of relapse is addressed through two paths (Arcobaleno and Aliante) respectively for longer and shorter penalties. The organization is inspired by the community model, where the main therapeutic method is the group itself, and

⁷ It is worth noticing that not all interventions are exclusively addressed to drug users, as it is not unanimously thought that drug users need specific intervention and have to be separated by other detainees.

⁸ Respondents to the survey have been identified with number from 1 to 17, preceded by "S", see Appendix 1 for details.

the approach is psycho-pedagogical. The *equipe* is multidisciplinary with psychologists, social workers, educators. This service is run by the public health unit (Serd), which externalised it to other private services through periodical contracts (int. 4, see also Teta and Bignamini 2013).

- Another interesting experience related to the ICATT is in Padoa, where prevention of reoffending and of progression of consumption career is pursued through meditation and mindfulness practices, which help detainees to handle their anger and aggression. A group of drug users detainees is also involved in what is called “Dog assisted therapy”. In collaboration with the zooprophyllactic institute, it can be intended as relapse prevention, as it reduces anxiety, craving and depression and increase the social skills (int. 1, see also Contalbrigo et al. 2017).
- In Florence (Gozzini) (int. 10) an external NGO organises a laboratory of rap music, where detainees are invited to tell their life in music. This project is called “16 sbarre” (16 bars). Again in Florence, but in a special section of the Sollicciano penal institute dedicated to drug-related problems, treatment is integrated by different kinds of laboratory, such as autobiographical, music, forum-theatre, yoga.
- Also in Rome (Rebibbia) the approach is multidisciplinary, since the evaluation-diagnosis process, and the therapeutic program include psychological and social interventions (S3).

Other types of intervention are

- Informative and preventive intervention in admission. In some penitentiary institutions new detainees are provided with basic information about sexually transmitted diseases and drug-related risks (S1, S8). This kind of initiatives are not specifically addressed to young adults and have been reported by associations collaborating with the penitentiary system and public health local units.
- Distribution of specific kits at the release. In some places (S1, S6, S8), when they are released, people are provided with a specific kit including naloxone and syringes, in order to prevent overdose deaths. In one case (S6) different kinds of kits are provided to different types of substance users - intravenous and inhaled consumers and alcohol users. Reported by associations and health local units.
- Cultural mediation. This considered an innovative intervention as in the Italian penitentiary system these professional figures are almost absent. In this case, they are provided by an association (S13).
- Territorial accompanying projects (PAT). Based on a community approach, the intervention is placed in the person’s life context. (S11) The main objective is that the person learn to use his life context not in only in relation to substances, discovering its alternative resources, strengthening the social network. It is a personalised path, activated as alternative measure instead of therapeutic community. It is managed by a social cooperative in Perugia. As far it has only been applied to Italian offenders, as for immigrants there are not available funds (Int. 5)
- Prison help desk (sportello carcere). Based on the operative model of harm reduction street services, it is run by a social cooperative contracted by Serd that runs also the external low-threshold services, the street and the drop-in units, so

that the operators are the same. In this way it is guaranteed the continuity of treatment inside/outside the prison (Int. 11).

- In Italy several projects focus on vocational training and work experiences both in prison and outside, related to social programs (Iacopino 2013; Torrigiani 2015). Association and social cooperatives usually run this type of projects. Social cooperatives in particular are companies that have among their workers disadvantaged people. In several prisons, there are companies of this type that produce goods or services through the employment of detainees or ex-detainees, who are thus trained and have the opportunity to receive job-fairs or to find employment. One example is provided by Pantagrue (Florence) with the project called "The dolls poetry", which involves female detainees in the production of Waldorf dolls, which are then commercialised (S12).

4.2 Minors

- Spazio blu (Blue space), run by the public health local unit, is a unique experience in Italy. It is an external structure for alternative measures, including also minors reported for administrative offenses and those directly reported by the court even though not having been tried. The main method is based on groups. There are prevention groups where information about infective diseases are provided, psycho-pedagogical groups for drug-use prevention, peer education groups, and groups for relatives. Individual and group psychotherapy is also provided. On the rehabilitation front, there are educational activities aimed at making the minors to discover the pleasure of cultural activities such as cinema, exhibitions... and to learn how to manage their emotions (S7).
- Linguistic and cultural mediation, delivered by a social cooperative in the Florence Minor Penal Institute (IPM) (S10).
- The same organization (S10) runs a project called Pollicino (Tom Thumb), a rap music laboratory where minors are invited to put their story life in music, thereby giving them the opportunity of re-elaborating their experiences and acquiring social and communicative skills. (Int. 10).
- Always in Florence (S10) there is a project (named Tournant) aimed at individualised tutoring of minors assigned to social services. This activity, focused on the minors' life context, provides an alternative to therapeutic communities and Serd and it is more oriented to the local resources.
- Another experience based on the territory context and the integration among services and based on a regional protocol (DCA 383/2015, Lazio region) is reported by the health local unit of Frosinone (S5). When a minor enter in the penal system, a first evaluation is performed and all the health services related to the situation are activated. The program is personalised and when it is possible the minor is left in his/her familiar context (Int. 5).
- Another preventive approach, reported by the local health unit of Bergamo (S6) is to intervene early with minors sent by the court to the social services even though not having been tried. The process entails a multi-disciplinary initial evaluation, psychological counselling, psycho-pedagogical intervention on minors and their

families. A similar early-intervention is reported by the health local unit of Naples (S2) for minors reported by the court for administrative penalties.

- Other interesting interventions in Italy are related to job orientation and accompanying. One example is provided by a therapeutic community (Casa di Camillo), based on a pedagogical approach, combined with an orientation service that performs an individual assessment of competences and attitudes aimed either to send back minors to school or give them the opportunity of internships (see Mufonforte et al. 2013).

4.3 Other types of interventions

Other types of intervention have been reported which are not directly addressed to young people in touch with the penal system, but to the civil society and to institutions. Antigone (S16) is an association that promotes the detainees rights by public information, providing legal information to detainees and soliciting legislative reforms.

5. ISSUES IN ADDRESSING PREVENTION INTERVENTION AIMED AT YOUNG PEOPLE IN THE CJS

5.1 Features of effective interventions in the interviewees' view

The above overview provides a not exhaustive map of all the national interventions, since in the lack of national guidelines regions and single penitentiary institutes – in collaboration with external public and private services - have been settled different and several types of preventive intervention, where prevention is intended mostly as prevention of relapse.

Even though the quoted experiences are various, there are some characteristics that make them “good practices” in our interviewees' view. These characteristics can be summarised as following.

- Complexity of intervention and global taking charge. All interviewees agree on the fact that only informative intervention are not effective, while intervention should consider diverse aspects (social, psychological, clinical...). Acquire the basic life skills, especially the ability of managing emotions, is according to our participants of particular importance.
- Multidisciplinary approach. Considering the previous points, interventions with multidisciplinary professional team are considered more effective.
- Furthermore, in order to be effective interventions should be funny, pleasant, and also practical, aimed at a final output. In this sense, interviewees recommend laboratories really appealing for young people, through which they can also acquire social and technical abilities (such as tattooing, rap...).
- Continuity inside-outside. There is a general agreement on the necessity to give continuity to the transit from prison to external world, in order to prevent relapses or even overdose death. Continuity is not only referred to as pharmacological continuity, but also with reference to rehabilitation.
- Coherently, it is assumed that intervention should be cooperatively managed by different services, public and private (penitentiary institutions, health local units, addiction units, social services, social cooperatives, therapeutic communities...)
- Importance of the life context. In the case of alternative measures and particularly social services programs, most of interviewees feel that treatment programs settled in the person's life context are preferable than residential treatment (e.g. in therapeutic communities).
- Personalisation. Given the above priorities, it is assumed that intervention should be tailored according to the young people/minor and his/her life context.

5.2 Obstacles and challenges

According to participants, cultural aspects are the main barriers that obstacle the spread of effective interventions, the first being the difficulty in admitting that illegal drugs are present in prisons (int. 11). This make it impossible to implement typical harm reduction

interventions, such as distribution of syringes or condoms, which are not routinely in Italy. To fill this gap the “most easy and reasonable thing should be to acquire international guidelines, such as the EMCDDA or the UNODC ones, thereby importing coded and evidence-based experiences” (int. 4). Differently, at the present time, this topic depends by the policy makers’ sensitivity, which in turn is subjected to population moods (int. 4). Other mentioned obstacles are the shortage of resources and the lack of specific training for the guards (int. 11, int. 1). The first aspect is especially discussed with reference to the social rehabilitation and the difficulty for ex-detainees to find a job (int. 4).

None of our interviewees mentioned the main historical and chronic problems of the Italian prisons, the first being the overcrowding. In Italy for decades the “regular capacity” of prisons has not been respected (Mosconi 2010), making the situation so critic to lead in 2006 to a big pardon. However, mainly due to laws that have been called “fill-up prison laws” - on recidivism, immigrants and drug use (so called Fini-Giovanardi) - cancelled the pardon effects and in 2010 a new emergency was declared. After it, new measures have been introduced in order to face the problem and for a while the number of detainees have been under control. However, coming to today, in the last 6 months the detainees’ number is increased of 1,524 units, passing from 54,912 detainees at October 2016 to 56,436 at April 2017 (Scandurra 2017). If the trend would continue to increase with this rate, then a new emergency would be expected, with great consequences for all the detainees’ life conditions and the reduced possibility for institutions to offer good quality preventive, treatment and rehabilitation interventions. In addition overcrowding reduces the use of alternative measures.

A second historical problem that feeds the former is the high level of detainees in remand. Indeed Italy is the 5th European country for presence of not-definitive detainees, who are 34.6%, and mainly extra-EU immigrants (Santoro 2017).

According to scholars (Mosconi 2010; Vianello 2012) the social composition of the detained population reflects the iniquity of the above-mentioned laws, due to the significant presence of vulnerable groups: immigrants, southern Italians, young people, drug users. With reference to immigrants, one problem signalled by our interviewees (int. 17) is the difficulty of designing programs for people who will be (formally) expelled. Immigrants are even penalised with respect to alternative measures, as their lack of social and material resources make them difficult to be applied. This is particularly true for the minors, for whom every kind of preventive, pedagogical and rehabilitation intervention loses sense in front of a forthcoming expulsion (Marietti 2015).

Another issue which is particular relevant for Juvenile Penitentiary Institute, but true also for adults, is the lack of social operators (educators, social workers, psychologists) compared to policemen. Also the presence of interpreters, translators and cultural mediators is totally insufficient (Marietti 2015). As we have seen social interventions are usually contracted to external subjects, such as associations and social cooperatives. If this is a resource, somebody notes that tenders, useful to limit costs, can create discontinuity and high levels of personal turnover, as external operators are not always motivated (int. 4).

Furthermore, according to the interviewees, the penitentiary policemen do not have a proper training, and should be involved - with all other professional operating in prison - in joint training actions, so to create a “common language” (int. 11).

A last issue concerns the penitentiary special sections for drug users. As said above, not all the interviewees consider it useful to separate drug users from others, with the risk of reinforcing their identity as a dependent person. In addition, it is noticed that such sections have been thought for heroin addicts, and are no longer proper for new types of consumers (int. 17).

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