Directorate-General Justice,

Freedom and Security

LITERATURE REVIEW:

ITALY

THROUGHCARE

working in partnership

FOREWORD

This report provides a description and analysis of throughcare in Italy. The report is divided into two parts: 1) an overview of the drug addiction issue in Italy, in which data relate mainly to a population aged between 15 and 64 (8) and 2) an overview of the issues surrounding drugs and addiction in Italian prisons. The report mainly considers data reported in official documents but for a more complete review, data from unofficial sources and published on websites or newspapers was also taken into consideration.

There are four categories of drug consumption, as identified in the IPSAD study, Italy 2007/2008:

- frequent (10 times or more in the last 30 days)
- once or more in the last 30 days
- once or more in the last 12 months
- once or more during a lifetime.

The report addresses the issue of treatment and services in place for different types of prisoners who have problems related to drug abuse, with particular attention to foreign, underage and women prisoners.

1.0 DRUG ABUSE IN ITALY: THE NATIONAL SITUATION

1.1 USE OF DRUGS AND RISKS RELATED TO THEM

The IPSAD study Italy 2007/2008, included in the Report to Parliament on the state of drug addiction in Italy, sets out a picture of the Italian population as sufficiently informed about the risks to health that may be caused by drug abuse.

The majority of Italians (84.6%) disapprove of the use of any illegal substance and understand the related risks (89.8%): this adverse opinion is expressed more strongly by women than by men. This position has moderately but steadily increased from 2001 to today.

The substance perceived as the most dangerous is **heroin** (98%), followed by **cocaine** (97%) and **cannabis** (75% for males and 81% for females). For this substance, there is a greater tolerance that decreases with age, while heroin and cocaine use is condemned indiscriminately at all ages.

1.2 TRENDS

According to the Provisional Bulletin of the phenomena of abuse, presented by the head of the Department of Pathological Dependencies of ASL Milan (t.n.: Local Health Care Department), the number of cocaine users in Italy ranges between 800,000 and 1,100,000 individuals and the number of heroin users ranges between 135,000 and 160,000. According to data reported in the Bulletin, in 2011 the number of consumers of cannabis could increase by 35% compared with 2008 data, with a number that may vary between 5,300,000 and 6,000,000.

1.2.1 HEROIN

The frequent consumption of heroin (ten or more times in the last 30 days) is attributable to 0.1% of the population between 15 and 64 years (one person per 1,000 residents); just as many are those who, while regularly using it (at least once in the last 30 days), do not consume the substance frequently. 0.3% of interviewees stated that they have used it just a few times over the last year and 1.5% of the total interviewed population said that they had contact with heroin at least once in their life. 25% of those who used heroin did so before they were 17 years old, 50% between 18 and 20, and 25% over 21. The m/f ratio among consumers is 4 to 1 (see Figure 1).

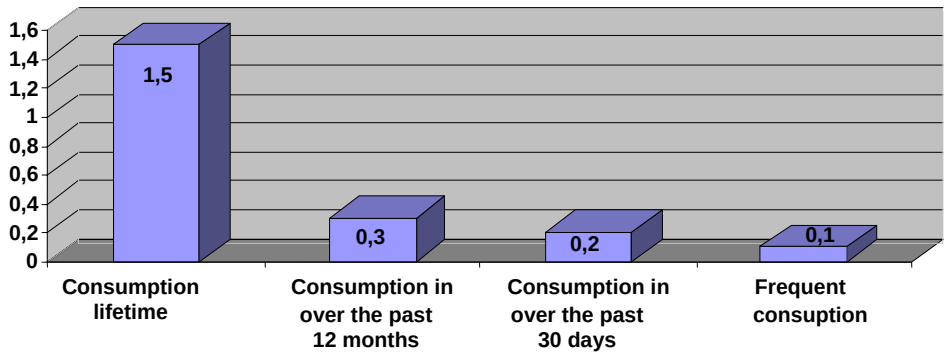


Figure 1: Use of heroin in the general population (one or more times in a lifetime, in the last 12 months, over the past 30 days, frequent consumption - 10 or more times in the previous 30 days).

1.2.2 COCAINE

Figure 2 shows the percentage of cocaine use as reported by Italian national data. It is known that the lifetime consumption of this substance is more than four times higher than that of heroin and more than seven times higher in the last 12 months. 30% of consumers have used it for the first time between 18 and 21 years of age, 25% when younger than 18 years old.

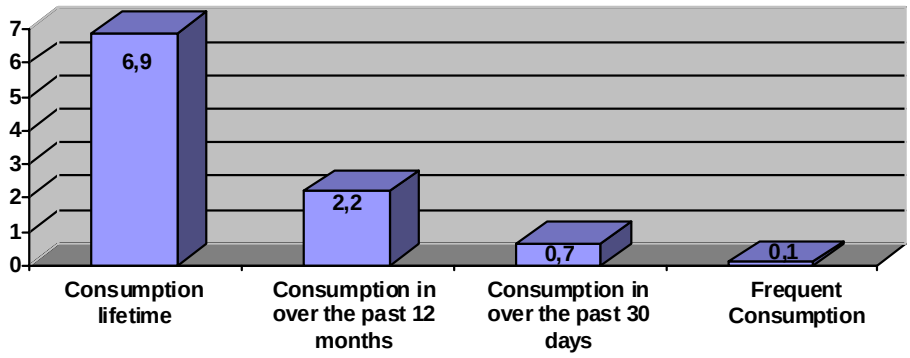


Figure 2: Use of cocaine in the general population (one or more times in a lifetime, in the last 12 months, over the previous 30 days, frequent consumption - 10 or more times in the last 30 days).

1.2.3 CANNABIS

The Report submitted to the Italian Parliament shows that almost 1/3 of the Italian population aged between 15 and 64 has used cannabis at least once in their lifetime while 1.4% say that they have used it 10 or more times in the last 30 days. Figure 3 shows the percentage of consumers broken down by frequency of use. The trend of cannabis use in Italy seems to grow.

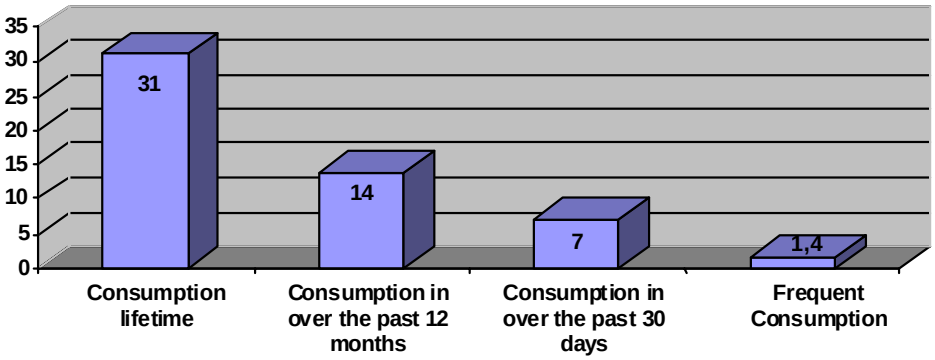


Figure 3: Use of cannabis in the general population (one or more times in a lifetime, in the last 12 months, over the past 30 days, frequent consumption - 10 or more times in the last 30 days-).

1.2.4 STIMULANTS

In this context, this category includes amphetamines, ecstasy, GHB and other stimulants. The frequent use covers a very small part of the population, amounting to 0.05% of the sample; use in the last 30 days was reported by 0.25% of the population, while 3.7% claimed to have used stimulants at least once in a lifetime (see Figure 4).

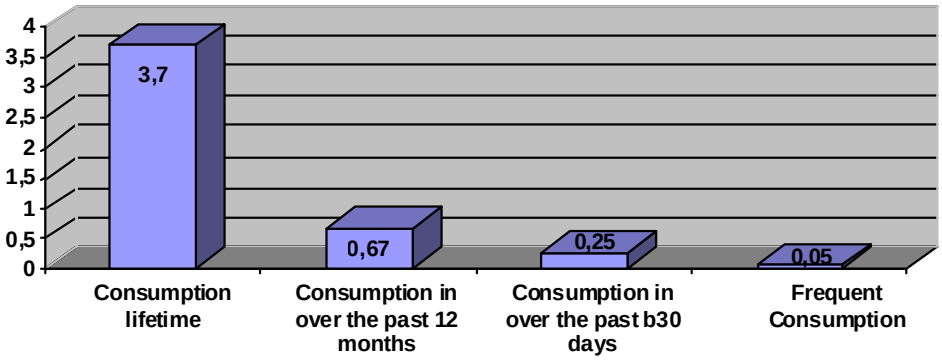


Figure 4: Use of stimulants in the general population (one or more times in a lifetime, in the last 12 months, over the past 30 days, frequent consumption - 10 or more times in the last 30 days).

1.2.5 HALLUCINOGENS

The rate of consumption of hallucinogens in the last 12 months appears to be very low compared to other substances: only two people in 1000 have declared use in the last 30 days and six in 1000 in the last 12 months (see Figure 5).

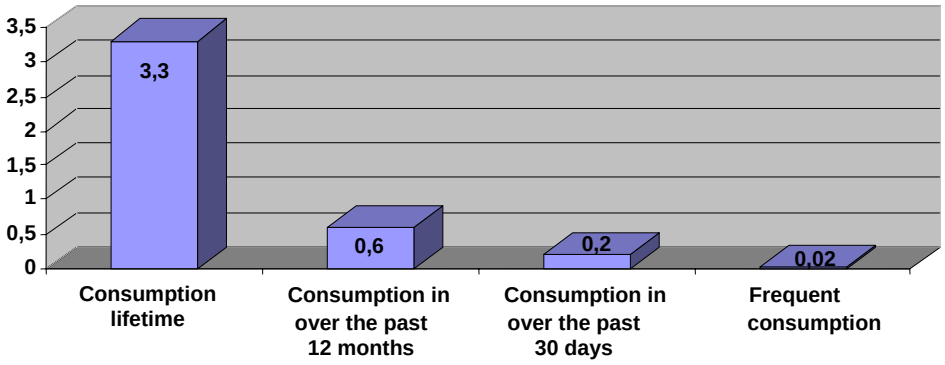


Figure 5: Use of Hallucinogens in the general population (one or more times in a lifetime, in the last 12 months, over the past 30 days, frequent consumption - 10 or more times in the last 30 days).

1.2.6 POLYDRUG USE

The consumption of several substances (polydrug use) is increasing. Moreover, very often consumers of psychoactive substances are also consumers of alcohol and tobacco. This group of people faces very high risks, as the combined effect of various substances and, more importantly, the combination of alcohol and drugs is often unknown.

1.3 USE OF DRUGS IN SPECIFIC GROUPS

The male/female ratio of users of public services for drug-addiction has stabilized at around 5:1, both in SerT, as well as in the community, with considerable regional variation from north to south, where it often exceeds 10:1. The number of women who go to drug services for problems related to the consumption of substances is lower than that of men.

Different agencies have calculated different ratios but all reflect a higher ratio of men to women.

Furthermore, national and ethnic background increasingly appears in the discourse surrounding drug trafficking but there is little concrete data on the scale of the involvement of people from outside Italy. Since the 1980s, people from North and sub-Saharan Africa and the Balkans have been involved in the trafficking of drugs in Italy. According to the data contained in the 2008 Annual Report of the State Police (3), 32.50% of the total reported for drug trafficking are foreign citizens. Of these, **Moroccans** represent 32.76% of the total number, followed by Albanians (14.73%), Tunisians (14.04%), Nigerians (4, 53%) and Algerians (3.41%).

Drug abuse and addiction amongst immigrants is a phenomenon which has received little attention in Italian studies. Providing support for such people is difficult, particularly because of the impact of social disadvantage that is often associated with it. **Persons of foreign nationality supported** at the Italian SerT represent 7% of the total. The majority (90%) are male and young (aged 32 on average). Among the foreigners, as primary substances we mainly find heroin (71% of cases), cocaine (20%) and cannabis (8%).

Although there had been a decline in demand for heroin, in recent years demand has risen again. The demand for cocaine has tripled in the past 15 years, rising from 5% in 1991 to 16% in 2007, while cannabis derivatives are the most consumed illicit substance among young people. Over the past 15 years the demographics of substance abuse has changed: today, drug misuse is not only a phenomenon of the marginalized and unemployed, but also young people of all social classes, educated and wealthy, socially integrated, who use drugs occasionally, for fun and with alcohol.

1.4 PROBLEMS RELATED TO THE ABUSE OF SUBSTANCES

There were 605 **deaths** caused by drug abuse in 2007:[1] 545 males and 60 females[2]. The number of deaths attributable to heroin use has remained stable at 40%, while those from cocaine rose from 2.3% in 2001 to 6.1% in 2007. This data, supplied by the Central Directorate for Anti-Drug Services, comprises cases of death caused by drugs, of which the Police have become aware. These deaths are related only to cases in which death was *directly* attributed to the abuse of drugs: they do not include all those cases in which drugs were an indirect, cause (such as drug-related disease, accidental deaths of people under the influence of psychotropic substances). The average age of death has progressively increased from 33 in 2001 to 35 in 2007. The percentage of deaths from acute poisoning among people aged under 19 (from 2001 to 2007) is, on average, 1/2% of the total; the ratio of deceased males/females is, on average, approximately equal to 9 males to every woman.

The data indicates a number of points relating to the spread of drug-related **infectious diseases.** In 2007, among users of the public services for drug-addiction subject to serologic and viral tests, 12% showed positive tests for HIV, 37% showed positive tests for HBV (Viral Hepatitis B) and 60% positive tests for HCV (Viral Hepatitis C). The spread of tuberculosis (diagnosed as drug-related)

[1] Italian Government, 2007, *Relazione Annuale al Parlamento sullo stato delle tossicodipendenze in Italia*, Rome, Presidenza del Consiglio dei Ministri.

[2] Data updated to 22 April 2008.

among the users cured in SerT is equal to 0.4% of the total. Pregnancies and children born to mothers using drugs account for little more than 2% of hospitalizations related to drug abuse.

The monitoring of users in psychiatric co-morbidity among adults in DSM shows values slightly below 4%; in SerT, however, this share rises to 22%, while in prison it rises to 60% (see the "Double diagnosis" project in paragraph 2.4). Finally, it is important to highlight the gradually increasing number of road accidents that occurred with people driving under the influence of alcohol and other psychoactive substances.

2.0 PRISON AND DRUG ADDICTION

2.1 ORGANIZATION OF THE PENITENTIARY SYSTEM IN ITALY

One of the factors which underpin the rule of law is, without doubt, the certainty of punishment. But a state that is defined as civil cannot be separated from the concept of human dignity, even when it comes to detention. It is, in fact, on these elements that the Italian prison system is based and it is governed by the Italian Prison Law (Law n. 354/75 and following amendments) and its Implementing Regulations (DPR June 30, 2000, n. 230), in the more general perspective of the "*rehabilitation of the offender*" recalled in article 27 of the Italian Constitution[3].

The latest data on the presence of detainees in Italian prisons,[4] refers to the presence of 63,044 incarcerated people.

1. 9,613 in 38 prisons (Case di reclusione)[5]
2. 51,790 in 161 prisons (Case circondariali)[6]
3. 1,641 in 7 institutes for Security Measures (Istituti per le Misure di Sicurezza).

95.7% of the people detained are men, 4.3% are women (ratio 9:1); (see Figure 6).

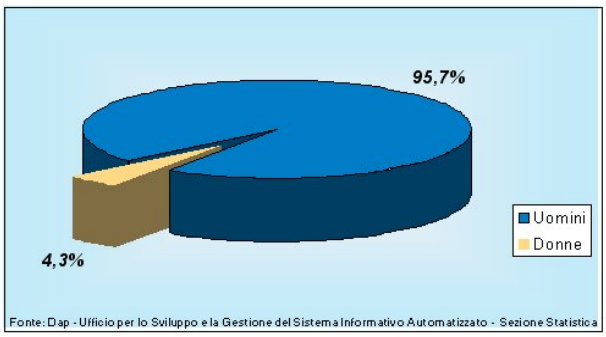


Figure 6: Ratio of male to female prisoners

Female detainees represent 4.3% of the total. The most recent statistics (June 2008) of the Ministry of Justice underline that there are 58 detained mothers with children under three years living in institutions and 36 pregnant women. Kindergartens are active in 16 prisons.

[3] Italian Constitution, 1947, art. 27 *"La responsabilità penale è personale. L'imputato non è considerato colpevole sino alla condanna definitiva. Le pene non possono consistere in trattamenti contrari al senso di umanità e devono tendere alla rieduzaione del condannato. Non è ammessa la pena di morte."*

[4] Data published by the Center for Documentation of Due Palazzi prison in Padua and published on the website www.ristretti.it/

[5] Casa di reclusione is a prison for detainees already judged, with the final sentence longer than 3 years.

[6] Casa circondariale is a prison for detainees awaiting trial and/or judged with a sentence of less than 3 years.

The age distribution of detainees is as follows:

- 30-34 years old - 17.5%
- 25-29 - 16.4%
- 35-39 - 16.4%
- 50-59 - 10.5%
- 45-49 - 9.5%
- 21-24 - 9.4%
- 60-69 - 3.2%
- 18-20 - 2.8%
- Over 70 - 0.7%

With regards to schooling, illiterate people and those without any form of education represent about 5% of the total; those who are in sole possession of the diploma for primary school account for 16% of the prison population; 34% have a middle school diploma and only 7% other school titles (vocational school, high school, university degree); (see Figure 7).

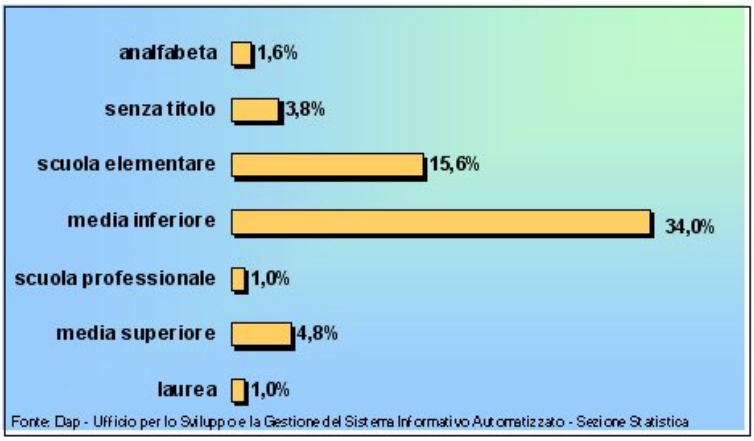


Figure 7: Scholastic ability of prisoners

40% of detainees are foreigners. Of these, approximately 16, 000 come from outside the EU and 72% come from seven nations: Morocco, Albania, Tunisia, Algeria, Nigeria, former Yugoslavia and Senegal.

Of the 3800 detainees from the EU, 73% are Romanians.

About 60% of foreign detainees are awaiting trial, while 40% are in for *res judicata*.

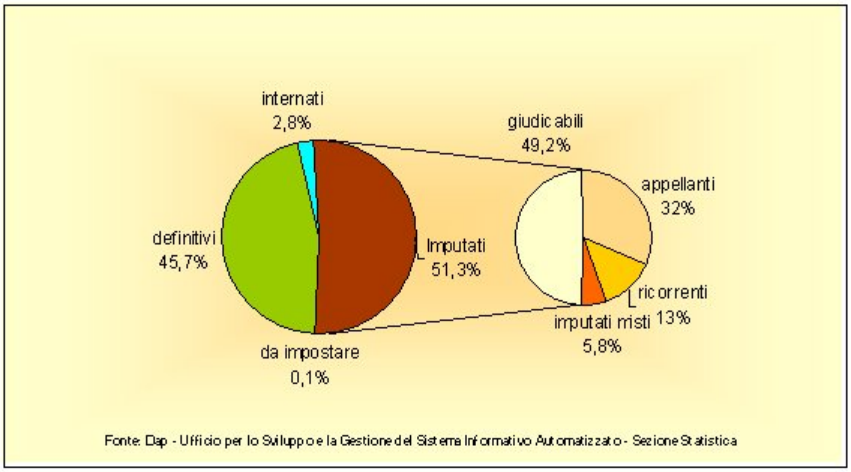
The main types of crimes committed by non-EU detainees are:

1. Violation of the law on drugs - 38.5%
2. Crimes against property - 19.8%
3. Crimes against people - 14.2%
4. Exploitation of prostitution - 4.9%

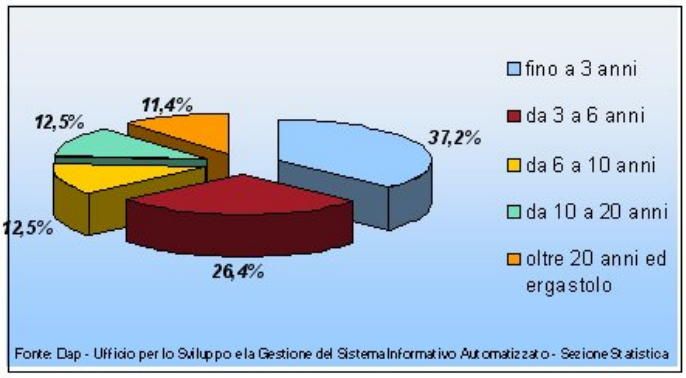
5. Violations of immigration law - 3.2%
6. Mafia-type criminal association - 0.1%

Foreign women represent 40% of the female prison population and crimes are most frequently related to prostitution (85%) and against public order.

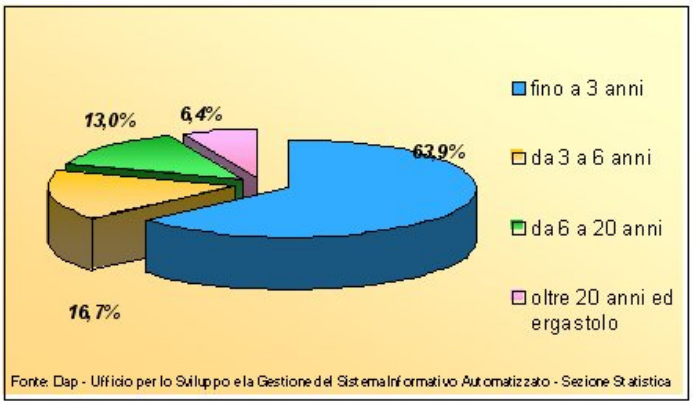
The legal position of those in prison could be represented as follows:



The final sentences to prison can be divided according to the duration of the sentence imposed[7]:



or according to the remaining duration of the sentence:



[7]The duration of the sentence was calculated taking into account only the final sentence imposed

2.2 PRISON HEALTH CARE: FROM THE MINISTRY OF JUSTICE TO THE MINISTRY OF HEALTH

In Italy, health care administration in prisons comes from the Ministry of Justice to the National Health Service. Under the provision of a law from 1999 (L.230/99), the process started on April 1, 2008 following a Decree by the Council of Ministers.

The process has immediately proven to be difficult, both in terms of health issues and problems of an economic nature (transfer of funds).

The central point of the process is to provide prisoners, currently more than 60,000, the same standards of healthcare provided to other citizens. Paradoxically, these levels (called Essential Levels of Assistance - LEA), were superior for detainees than for other people and this has created serious problems of "equality". For example, prisoners were provided free dental prostheses while this was not provided to ordinary people. This meant either removing this provision for prisoners or offering it to all citizens.

At present not all Italian regions are aligned in this process and are proceeding independently in the enforcement of this new role.

One critical point is the administrative, economic and functional framework for the health officers working in prisons. To date, only the doctors and the staff previously employed by the Ministry of Justice have been placed in the role of the NHS while the rest of the staff (about 90%) still has no clarity relating to future contracts.

As regards costs, it is now clear that health spending will increase on average by 50% with estimated peaks of 80% in some regions, compared to what was spent by the Ministry of Justice. It will be interesting to observe over the coming months this transition process which will not only be technical but also cultural.

Despite the problems (and sometimes the resistance) that has emerged, it seems important to stress that this process has finally begun. The work that awaits the SSN and the prison Administration appears to be huge and difficult and will certainly continue for several months before a stabilization of procedures. Great revolutions require a lot of time and not explosive upheavals.

2.3 PRISONERS AND ADDICTION

There are about 15, 000 drug addicted people in prison (Ministry of Justice, 30 June 2008):

Sex	Drug addicted		Alcoholics		Treated with Methadone	
	Absolute value	Value %	Absolute value	Value %	Absolute value	Value %
Women	532	22.1 %	39	1.6 %	188	7.8 %
Men	14.211	27 %	1.250	2.4 %	2.264	4.3 %
Total	14.743	26.8 %	1.289	2.3 %	2.452	4.5 %

However, it should be noted that the diagnosis may not always be placed in an appropriate manner and the percentages may vary from region to region and from prison to prison. In some Prisons

(Case circondariali) the percentage of drug addicts can reach 60%, while in other prisons it might be "only" 20%.

As previously mentioned,[8] since 1 January 2000, according to Law 230/99, the National Health Service (NHS) should deal with the medical treatment of detainees, including drug addicts. The same law has moved to the NHS, the financial and human resources. At present every Italian prison should have an internal service for the treatment and care of drug addicts.

However, the activity of the NHS within prisons for drug addicts is not the same across Italy: while in some prisons there is a stable multi-professional service, in other prisons, especially in the South of the Country, the Service is provided only on request and extemporaneously. Moreover, Italian laws provide that every prison should have a section with reduced custody for the treatment of drug addicts and/or at least a drug-free section. This opportunity is not so developed (according to latest figures, less than 20% of the Italian prisons are equipped to treat prisoners with addiction problems)[9] because of overcrowding.

Regarding the prevalence of use of "old" and "new" drugs, we refer to an unofficial study conducted in 2005 (a) which was held with 1267 subjects in 9 institutes. The substances most used were:

1. 42% cocaine
2. 34% heroin
3. 33% marijuana / cannabis
4. 7% ecstasy
5. 6% hallucinogens
6. 5% amphetamines.

68% of users reported using more than one substance, in these percentages:

1. 43% heroine + cocaine
2. 38% cocaine + marijuana / cannabis
3. 16% + heroin marijuana / cannabis
4. 3% other combinations.

2.3.1 PROFILE OF PEOPLE TREATED IN SERT (Public Service for Drug Addictions).
SerT is a social service of ASL[10] established to address the problems related to pathological addiction to drugs. Each SerT provides a range of services ranging from taking initial care of the patient to drawing up a personalised treatment programme and the verification and monitoring of programmes carried out. This is done through the work of a multidisciplinary team which works in a transversal way with the local territory and its various institutional actors.

As noted by the Ministry of Health, in 2007 about 181,000 people were treated in one of the 516 surveyed Public Services for Drug Addictions (SerT) (out of 543). The M/F ratio of the drug addicts treated by SerT is 6:1 (national average).

[8] see Par. 2.2
[9] Reference is made to official data of 2001, published in the magazine "The Two Cities," Magazine of the Penitentiary, available on the site www.leduecitta.com

[10] ASL stands for Azienda Sanitaria Locale – Local Health Service, covers an area with a population equal to 100.000/120.000 inhabitants.

2.4 DRUG ADDICTED DETAINEES: TREATMENTS

Each person entering prison is subjected to a physical check up. During that visit, they can declare their use of drugs. In these cases, all the necessary investigations are set up in order to diagnose drug addiction and to place the detainee in a specific therapeutic process. The procedure for the diagnosis or evaluation of the type of drug use stipulated by Italian law is as follows:

1. objective medical examination,
2. check of urinary metabolites of the drugs abused,
3. anamnesis,
4. possible previous treatments with any public service.

If the detainee was already receiving treatment at a public facility, the SerT in prison should allow continuity. In Italy, not all prisons use substitutes (methadone) for the treatment of drug addicts. The difference between prisons is determined by the attitude of the doctor and is not supported by any law. It should be noted that while in public Services the percentage of addicts treated with methadone is equal to or higher than 50% depending on the geographic areas, people treated with methadone in prison are only 4,5% (that is, 10 times lower). Treatments within prisons are mainly aimed at:

- Diagnosis of drug dependence or use of substances,
- Certification of the state of dependence,
- Drug treatments,
- Psychological support treatments,
- Development of treatment programmes as an alternative to imprisonment.

In some Italian cities (such as Milan and Padua), an evaluation system has been activated for arrestees who must undergo a summary trial. These people are evaluated directly in court and, following an assessment, directly initiated into a treatment programme which can be in a community as well. The project, called **"Dap Prima"**, is still at an experimental stage. Several other projects ranging from art therapy and music therapy to the formation of self-help groups etc. have been activated in recent years but have not been shared between different prisons.

For all prisoners (including drug users) in all Italian prisons, there is a service called **Servizio Nuovi Giunti (Service for newly arrived)** established with the decree n.3233/5689 of 30 December 1987. This service consists of a preliminary interview with the newly arrived and is carried out by an expert on the same day of entry. The interview is to assess the risk that the subject may use violence against himself/herself and suffer violence by other detainees.

2.5 THERAPEUTIC AND SUPPORT TREATMENTS FOR FOREIGN DRUG ADDICTED PRISONERS

The percentage of foreign prisoners in Italian prisons ranges from 25% to 90% depending on the institutes.[11] Most detainees are in custody for crimes relating to drugs. Within that group, it is necessary to distinguish prisoners with legal documentation (that is, legally regular) and illegal immigrants. In prison, there is no difference in treatment for drug users from Italy and abroad. Possible differences in treatment exist between prisons but not between prisoners. However,

[11] Official data of the website of the Ministry of Justice, see: www.giustizia.it

diversity of treatment can be observed when programmes alternative to incarceration are offered. This will be discussed below.[12]

For foreign addicted and non-addicted prisoners, the presence of a cultural mediator is stipulated. This presence is not guaranteed in most Italian prisons because of budgetary limitations.

There is clinical evidence, although not confirmed by factual evidence, relating to initiation into the use of drugs by foreigners after their arrival in Italy and, for some of them, after their entry into prison. There is also evidence of the discovery of syringes in prison cells, the discovery of drugs in prison, cases of overdose in prison, drug searches with dogs etc..). There is only one official survey authorised by DAP which was carried out in two sample prisons in Italy (Padua and Rome) on the use of drugs in prison. This survey, conducted with all scientific criteria by Dr. D. Berto is currently held by the Ministry of Justice but it has not been published.

2.6 THERAPEUTIC AND SUPPORT TREATMENTS FOR DRUG ADDICTED WOMEN DETAINEES

Women represent a minority in the prison population (4.3% of the total population). Often, less attention is given to them and they are at higher risk because fewer economic and social resources are allocated to them. Treatments for women addicts (532 female addicts out of a total of 14.743 prisoner addicts; 7.84%) do not differ from those for males.

Support treatments of greater importance refer to:

- the emotional sphere (children in prison or at home, feelings of guilt, suffering from distance from children and from the companion, denied sexuality);
- health protection and care of the body - even from an aesthetic point of view - meetings with health workers;
- reduction of the sense of isolation and exclusion of foreign women;
- preparation of moments of exchange and sharing of problems, concerns and points of view regarding themselves as mothers and women.

These interventions differ between prisons and geographical location.

2.7 THERAPEUTIC AND SUPPORT TREATMENTS FOR UNDERAGE DRUG ADDICTED DETAINEES

The juvenile justice system in Italy concerns all boys and girls aged between 14 and 18 that have committed crimes stipulated in the criminal or civil code. The enforcement of sentences to facilities of the juvenile legal system[13] can continue until the detainee is 21 years of age, but the competence of judges lasts up to the 25th year of age. According to recent national data,[14] in 2006 the Juvenile Justice Authority reported about 20.000 underage people suspected of one or more crimes; the same year some 2.500 measures of "suspension of the process and putting to the test" (this means that the process is suspended and the child is initiated, for a period up to 3 years, to a complex activity project; the success of this project cancels the crime).

[12] see. Par.2.8

[13] In Italy there are 18 juvenile prisons.

[14] Ministry of Justice - Department of Juvenile Justice, www.giustizia.it

	ITALIAN		FOREIGN		NOMADI		TOT.
	Males	Females	Males	Females	Males	Females	MF
N. stay. Judicial Authority reported	12,100	1,334	1,397	1,027	3,596	466	19,920
N. stay. Taken in charge by the Service	9,057	839	549	342	2,006	199	12,992

In Italy, treatments inside juvenile prisons mainly relate to general re-education and rehabilitative aspects through:

- vocational training;
- learning a job;
- schooling;
- physical activities;
- expressive cultural activities;
- religious assistance.

Currently, juvenile justice encourages underage drug addicts to be sent out of the prison to therapeutic/rehabilitative facilities where there is the possibility of serving the sentence and beginning a rehabilitation process.

2.8 ALTERNATIVES TO PRISON FOR DRUG ABUSING PEOPLE: TEST TREATMENT IN SOCIAL SERVICES FOR DRUG ADDICTS AND ALCOHOLICS

The current Italian legislation provides the opportunity for alternatives to imprisonment and the possibility to continue or begin a treatment programme for a state of addiction. In order to be eligible, detainees need to have a residual term of up to six years, certification of a state of addiction, the establishment of a treatment programme considered as "appropriate" by a public service and positive assessment by the judge.

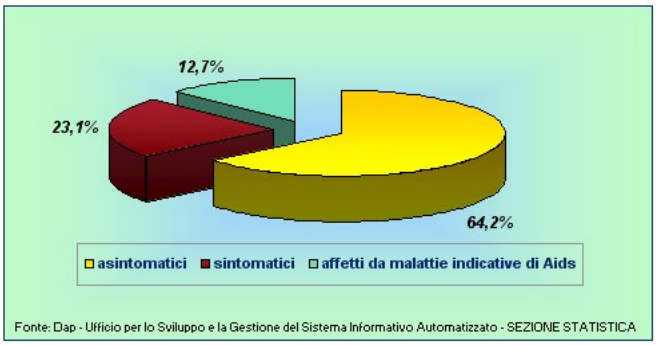
2.9 INFECTIOUS DISEASES IN PRISON

2.9.1 HIV

Infection with human immunodeficiency virus is a critical issue for detainees, as a result of the overlap of several negative factors of a medical, but also social, environmental and organizational nature.

In fact, in 1989 the National Commission for the Fight against AIDS announced the total incompatibility between subjects affected by the disease and the condition of imprisonment. However, a plan at national level on how to tackle the phenomenon is still missing, as well as the internal structures suitable for emergency management (for example, a room for urgent sterile operations).

Data from surveys conducted by the Italian prison Administration in Italian prisons shows a decrease in cases of HIV, from 9.7% in 1990 to 2-3% today. In parallel, HIV-positive cases among addicted prisoners consuming drugs through vein injection have gone from 32.6% to 8.1%. These data, however, are underestimated since the test is not mandatory.



The therapeutic anti-AIDS treatments based on the administration of combinations of anti-retroviral drugs (including protease inhibitors), are now insured by all medium and large institutes. Through the implementation of specific laboratory tests, it has been shown that over half of the treated prisoners do not benefit from it. This is presumably not because of the ineffectiveness of the drugs, but because of the non ingestion of the medicines. This is categorised as "hidden self-destruction" aimed at promoting the reduction of CD4 (lymphocyte subsets) below the threshold (200 CD4/mm^3 of blood) established as a parameter under which the physician has to declare the biological incompatibility with imprisonment and the Justice Authority has to assess whether to grant or not alternative measures to detention.

The phenomenon could lead to the presence of resistant viral strains of HIV with possible spread in the imprisoned population. Finally, HIV wards do not have human resources and equipment to manage acute and/or contagious illness (TBC), which represents a danger to personnel as well.

With the inclusion of article 47-quarter (Law 231/99) in the Prison Code, the legislator intended to allow individuals with AIDS or severe immune deficiency or other serious illness, to have the opportunity to begin or continue a treatment programme in appropriate structures, avoiding the damages caused by the condition of freedom deprivation and by the prison environment.

2.9.2 LIVER VIRUSES

The expected prevalence of infection with parentally or sexually transmitted liver viruses in prison is high, due to the types of behaviour of large groups of detainees.

There are no currently available official data on the national prevalence of HBV or HCV infections in Italian prisons, but partial observations made in individual institutions confirm the high spread of HCV especially among drug addicts and prevalence of HBV higher than those found outside the prison environment.

The results obtained in a sero-epidemiologic study in 14 Italian institutions have indicated that in the 1620 tested detainees, the rate of testing for HBV and HCV was respectively 56.2% and 56.9%; the seroprevalence was 8,6% for HBsAg, 26% for HBsAb, and 37.9% for anti-HCV. The risk factor in drug addiction e.V. was present in 42.3% of HBsAg+ prisoners and in 73.9% of those anti-HCV+. Foreigners were HBsAg+ in 5.8% of those tested (positive in 18.9% for HbcAb) and were anti-HCV+ in 16.9% of cases [11]. The HIV/HCV co-infection is reported in 58.6% of detained patients known as anti-HIV positive, while the prevalence rate of HBsAg positive was 10.2.

2.9.3 TUBERCULOSIS

A study by the Health Office of the Department of Penitentiary Administration (DAP) in the years 1998-1999 has allowed the execution of the Mantoux intradermal with PPD 1 U.I. on 20.4% of the 184,702 newly arrived in the Penitentiary System in that period of time.

A form of aggressive and dangerous tuberculosis, against which there is no antibiotic solution, which does not respond to most of the known drugs, including second-line ones: the global warning, launched over a year ago reached Italy as well, with eight cases "certified" by the World Health Organization and studied and diagnosed by the national reference centres between 2003 and 2006.

2.9.4 SEXUALLY TRANSMITTED DESEASES – STDs

STDs are more prevalent amongst women prisoners than in the general population. In the male population, including behaviour during freedom as well as occasional homosexual activity during imprisonment, the risk of STDs can be high; however, no data are available making it impossible to make estimates of the phenomenon.

2.10 MENTAL DISEASES IN PRISON

Psychopathological behaviours and diseases are a relatively common problem among prisoners in Italian prisons; they can represent the continuation of mental disorders still existing before imprisonment or a mental disorder can also come about during custody.

However, there are limitations within the existing system. Firstly, the relationship and collaboration with Psychiatric Departments outside the prison are, for most of the prisons, neither continuative nor structured. Secondly, the psychiatrist is provided only through individual professional conventions.

There is no data provided on a regular basis about mental diseases in Italian prisons; even so the Department of Penitentiary Administration (DAP) declare that 10,25% of a prisons population suffer depression; 6% suffer from different psychiatric pathologies and 3% suffer from other neurological diseases.[15] The Italian Society of Psychiatry estimates that people with mental problems comprise about 16% of the total prison population.[16] The most prevalent psychiatric pathologies in Italian prisons include psychotic disorders and personality disorders (especially Borderline Disorder, Antisocial Disorder and Narcissistic Disorder).[17]

The presence of psychopathological syndromes in Italian Prisons is divided into:

1. Syndrome caused by the *"Entrance in Prison"*: psychic and psychosomatic disorders relating to different apparatus/systems and organs, very common in new arrivals to prison;

2. Syndrome caused by "Imprisonment": assumption of typical prison practices, behaviours, culture and customs, with consequent repercussions like feelings of anxiety, phobias, insomnia, depression;

3. Syndrome " Ganser Syndrome": It is also sometimes called **nonsense syndrome**, or **prison psychosis**. This last name, prison psychosis, is sometimes used because the syndrome occurs most frequently in prisoners, where it may represent an attempt to gain leniency from prison or court officials. It is a reaction to extreme stress and the patient thereby suffers from approximation or giving absurd answers to simple questions. The

[15] http://www.giustizia.it
[16] http://www.psichiatria.it
[17] Regione del Veneto, 2005, *Carcere e Sanità*, Bollettino n.2, Osservatorio Regionale Devianze, Carcere e Marginalità Sociali.

syndrome can sometimes be diagnosed as merely malingering, however, it is more often defined as dissociative disorder.

We also have to consider psychiatric disorder caused by HIV infections and drug dependence or use of substances.

In a sample of 21 Italian prisons, interventions for the evaluation and management of the so called **"Dual Diagnosis"** condition have been carried out. The clinical evidence has pointed to the presence in many addicts of problems of a psychiatric nature, but the incidence and prevalence of this condition has never been officially assessed. A research project, started in the prison in Padua and then developed in more than 20 prisons in Italy, revealed the presence of a condition of double diagnosis in 65% of the drug addicted detainees. This has required the study and proposal of a specific methodology of intervention.

Sometimes, mental disorders in prison can become acute, with no appropriate cure during imprisonment. The judge, according to the article 222 of the Italian Penal Code, can provide hospitalization in the OPG, Psychiatric and Judiciary Hospitals. In Italy, there are six OPG, in which about 1.300 people are isolated (only 100 of this are women).[18] The most prevalent diagnosis (over the 80% of the internees) is Paranoid Schizophrenic Disorder. The OPG's detainees are psychotic; they are imprisoned especially for crimes against the person (70%), with a tendency to recidivism and with a final judgement security measure.

It is evident that the improvement of mental health services plays a key role in the prevention of suicides and self infliction of wounds, with positive effects during custody.

2.11 COLLABORATION WITH THE INSTITUTIONS AND ONG

The majority of local authorities over the years have established contacts with both the institutions in the territory in which they operate (Surveillance Judge, Office of External Criminal Enforcement, Regional Departments, Universities, etc.) and with private Entities belonging to civil society.

Most of the contacts are taken by the offices responsible for tracking of people leaving the criminal circuit (**UEPE** and **USSM**), the first promoters of social and working integration. Other agencies frequently in contact with the Municipalities are **ULSS** (Ser.T, public health consulting rooms, mental health centres) that often help in establishing an alternative programme to detention and/or are involved by the very same person for situations of personal difficulty or social exclusion.

The Framework Law N. 328/2000 on the integrated activities of social services, delegated to **local authorities** the administrative functions relating to social services held at local level, establishing in art. 2, that subjects with difficulty in achieving social inclusion and integration in the labour market and subjects under the decision of the justice administration have priority to access to the social services system.

Law n. 328/00 stipulates that interventions aimed at the recovery of condemned people can be achieved not only by the municipalities, but also from the provincial and regional administrations.

Therefore, local authorities can involve civil society in the hard reality of prison. This approach is certainly supported by some practical procedures promoted by the local authorities: the financing of projects, the promotion of calls for proposals, or the promotion of partnerships between public and socially committed private organisations and the activation of vocational training courses for detainees.

[18] http://www.rassegna.it/articoli/2009/11/09/54484/carceri-antigone-in-italia-1300-detenuti-in-opg

The most important strategic tools to maintain a constant relationship with the Local Authorities are *Protocols of understanding*: they are among the tools confirmed by Law n. 241/90, art. 15, which stipulated the possibility to conclude agreements with public authorities to regulate the collaborative implementation of activities of mutual interest. These tools are essential to establish a constant and transversal cooperation between National, regional and local Authorities, in order to carry out training projects, or other processes for the employment and social inclusion of disadvantaged people. This collaboration is set in a very precise manner within the protocols of understanding, so that we can clearly define the aim of every relevant institutional actor and establish the responsibility of each of them.

As part of the rehabilitation process, it is natural that the representatives of the private social sector are the ones most involved. Municipalities, not having the possibility to directly hire former prisoners, generally engage Social Cooperatives, especially type "B" cooperatives, that is responsible for the employment of *disadvantaged people*. Thanks to tax and contribution support provided for by Law n. 193/2000 (the so-called Smuraglia Law), social cooperatives can offer a professionally qualifying opportunity to detainees, who have the opportunity to work in close relationship with the territory and society, facilitating the transition from the criminal circuit to the job world.

We noted a significant difference in the Services offered in different parts of Italy. Regions offer services and cooperation depending on the sensitivity to the topic and depending on budgetary possibilities.

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