



Dipartimento delle politiche
contro la droga e le altre dipendenze

2026

**REPORT TO THE PARLIAMENT
ON ADDICTIONS IN ITALY**



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Chapter index

Chapter 1

Supply and market of psychiactive substances

Antidrug operations and seizures of psychoactive substances

Qualitative analyses of seized psychoactive substances

Market characteristics and prices of psychoactive substances

National Early Warning System on Drugs and Update of Ministerial Tables

21

28

35

37

Chapter 2

Consumption patterns and trends

Consumption of illicit psychoactive substances among young people

Use of psychoactive substances estimated through the analyses of urban wastewater

Analysis of psychotropic substances in PM10 atmospheric aerosol in Italian urban centres

Consumption of legal psychoactive substances among school-age youth

New products for new consumers: young people from shifting from exclusive use to poly-use of tobacco and nicotine

Behaviour addictions in early youth

New addictions and risky behaviours

45

52

58

60

65

66

67

Chapter 3

Territorial supply and care demand

System of Addiction Services

Prevention interventions

Hospital care

Care delivery within Addiction Services

75

85

96

104

Chapter 4

Health implications

Infectious diseases

Deaths

124

132

Chapter 5

Violations and offences

Violations and road accidents

Drug-related reports and offences

Consequences for drug-related offences

144

148

156

Visual contents index



Table 1.I

Supply of psychoactive substances in 2025.....

26



Table 1.II

Supply of psychoactive substances and market characteristics.....

30



Table 2.I

Consumption of psychoactive substances in 2025.....

48



Table 2.II

Prevalence of illegal psychoactive substance use among students aged 15-19 in 2025.....

54



Table 2.III

Prevalence of legal psychoactive substance use among students aged 15-19 in 2025.....

61



Table 2.IV

New addictions and risky behaviours in 2025.....

70



Table 3.I

Social healthcare services for people with addictive disorders in 2025

78



Table 3.II

Prevention activities and interventions in 2025.....

87



Table 3.III

Drug-related emergency department admissions in 2025.....

99



Table 3.IV

Drug-related hospital admissions in 2024..

101



Table 3.V

Assistance in outpatient services and treatment facilities in 2025.....

113



Table 4.I

Spreading of infectious diseases.....

127

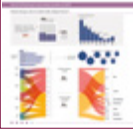


Table 4.II

Drug-related causes of death in 2025.....

134



Table 4.III

Drug-related deaths in 2023

139



Table 5.I

Drug-related violations and offences in 2025.....

149



Table 5.II

Individuals in the penitentiary system (PLIPs) for drug-related crimes in 2025

159

Foreword

In Italy, 2025 has marked a definitive turning point for addiction prevention, intervention, and recovery policies. This evolution is reflected in more than just institutional nomenclature – specifically, the renaming of the dedicated department within the Prime Minister’s Office from the *Department for Anti-Drug Policies* to the *Department for Policies Against Drugs and Other Addictions*, and the renaming of this very document from *Report on the Phenomenon of Drug Addiction* to the *Report on the Phenomenon of Addictions in Italy*.

This transition represents a fundamental change of pace. By moving past a siloed, categorical interpretation of the issue, it advances a multidisciplinary framework that is essential to addressing the complex vulnerabilities we are facing. It allows to understand the intersections between different forms of dependency, and construct integrated responses across the educational, healthcare, social, preventive, and recovery sectors.

Importantly, it represents a qualitative leap in our ability to understand and address the challenges facing our youth. Within this demographic, substance addiction is frequently compounded by behavioural addictions – ranging from the problematic use of digital technologies and gambling to social isolation, relational distress, and cyberbullying.

This change of pace became apparent during the 7th National Conference on Addictions, held in Rome in November 2025, which set the stage for a strategic and operational dialogue among the key players in the Italian addiction response system. Importantly, in addition to

offering the opportunity to analyse and examine emerging trends of the phenomenon, the conference fostered a collaborative space to develop proposals, guidelines, and strategic priorities building upon intensive preparatory work of eight thematic roundtables and discussions with various Ministers within their respective fields.

In fact, the Conference further consolidated its operational framework based on participation and permanent interaction with all stakeholders across the addiction system – becoming a main hallmark of the Government’s innovative approach. It defined a roadmap built on continuous engagement among institutions, the scientific community, and frontline practitioners. Importantly, this relies on the daily work of healthcare professionals, Third Sector organizations, and local networks for treating addictions, supporting recovery, and promoting the social reintegration of people affected by addictive disorders. Taken together it has provided a collaborative approach and a much-needed tool for addressing the system’s long-standing challenges. Indeed, a historic milestone.

Beyond fulfilling the statutory requirement for a triennial gathering (after approximately a sixteen-year gap), the Conference achieved unprecedented attention among the highest State offices, featuring the participation of the President of the Republic, and a video address by Pope Leo XIV. More importantly, for the first time both public and private social entities were able to recognize common goals and paths, beyond their differences in perspectives. Taken together, it opened the way to a lasting collaboration among relevant Ministries, Regions, Autonomous Provinces, and other involved institutions towards the

operational implementation of the Conference’s outcomes and the development of future coordinated interventions.

Hence, in this setting, a core strategic priority will be enhancing the quality of our data and information systems. Building on the invaluable knowledge base available, the goal is to shape the information flow in a way that will overcome current obstacles to a global and consistent interpretation of addiction-related phenomena. Not least, it will also allow to appreciate the intensive daily efforts led by healthcare and social workers within both public services and Third Sector organizations. Capturing this complexity will ensure our policies are grounded in the true reality of frontline intervention. Enhancing data collection, integration, and processing systems is one of the cornerstones of future national addiction policies – which needs to be reinforced and revitalized.

The expansion of the national anti-addiction system is also backed by a massive allocation of financial resources. In 2025 alone, this amounts to over 160 million euros, distributed among:

- the fund for pathological addictions: over 92 million euros per year, 30% of which is earmarked for hiring

healthcare staff at SerDs (addiction treatment centres), while the remainder is allocated to regional plans to combat gambling and regional plans for other addictions;

- the national fund for behavioural addictions;
- funds allocated to interregional freedom of treatment, which until recently was compromised by bureaucratic constraints and a lack of adequate funding;
- funds derived from the “8x1000” tax allocation (under the ‘State’ option) to finance prevention, recovery, and social and employment reintegration projects.

2026 will be a pivotal year. As we continue our current work into 2026, we are also looking ahead, laying the groundwork for a new National Plan on Addictions. In line with the collaborative methodology adopted for the 7th National Conference, this will actively involve the entire Italian addiction response system. This Report, therefore, does not merely document the current state of addiction in Italy; it delivers a vital framework to drive future policies that are evidence-based, accountable, and resolute.

Alfredo Mantovano
Undersecretary to the Prime Minister’s Office

Summary

Consumption, markets, and evolving care needs

Overall, the 2025 data confirm several established trends in substance use and addiction across Italy, yet highlighting evolving markets, consumption patterns, and care needs.

While cannabis and cocaine remain the most prevalent drugs across major health, judicial, and epidemiological indicators, high-potency products and New Psychoactive Substances (NPS) like synthetic cannabinoids and novel opioids are on the rise. In fact, as reported by the 2025 ESPAD®Italia study, non-cannabis substances – specifically stimulants, cocaine, and opiates – are increasingly being used among students. Meanwhile, cannabis, is showing a slight downward trend, though remaining most widespread drug among young people.

Regarding preventive efforts, these have converged towards the consolidation of local prevention, treatment, and care networks continued, driven by the collaborative involvement of public services, the Third Sector, schools, and local communities. Alongside traditional monitoring tools, these have also included new epidemiological and environmental surveillance approaches – such as wastewater and atmospheric PM10 aerosol analysis – that can provide a more detailed, updated understanding of nationwide consumption dynamics.

Increasing complexity in substance use among youth

In 2025, over 26% of students aged 15 to 19 reported using at least one illicit psychoactive substance within the past

year, with a higher prevalence observed among males. The use of stimulants, cocaine, hallucinogens, opiates, synthetic cathinones, synthetic opioids, and ketamine increased, while the use of cannabis slightly declined. Increases have been also seen for frequent use referred to specific substances, with poly-use remaining relevant and associated to risky behaviours, and heavy alcohol consumption, and use of drugs without medical prescription / non-prescribed use of psychotropic medications.

Drug-use levels correlated to family and interpersonal relation factors. Indeed, rates of substance use, particularly poly-use, were lower in association with healthy relationships featuring open dialogue, trust, and support – coupled with attentive parental guidance. This trend suggests the role of targeted prevention initiatives across schools and local communities and their potential in modifying risky behaviours and risk perception among youth.

New Psychoactive Substances: a market in ongoing evolution

In 2025, Italy’s National Early Warning System on Drugs (NEWS-D) identified **92 New Psychoactive Substances** (NPS) circulating nationwide. These compounds belonged primarily to the classes of synthetic and semi-synthetic cannabinoids (30%), synthetic cathinones (17%), arylcyclohexylamines (10%), phenethylamines (9%), and synthetic opioids (9%).

Nearly 30% of incoming reports from Italy involved traditional psychoactive substances already scheduled

under Presidential Decree No.309/1990, including delta-9-THC, MDMA (ecstasy), heroin, cocaine, amphetamine, methamphetamine, LSD, psilocin, and GBL.

As to the use of fentanyl and other synthetic opioids within Italy, this is being documented since the launch of the NEWS-D March 2024 under the “National Prevention Plan Against the Misuse of Fentanyl and Other Synthetic Opioids”, collecting, analysing and sharing with the national network reports on the detection of fentanyl and other synthetic opioids.

Cocaine and crack: rising seizures, consumption, and health impact

Also in 2025, maritime trafficking continued to represent the primary entry point for cocaine into the national territory. The port of Gioia Tauro maintained its central role as a historic crossroads for international drug trafficking, favoured by its strategic position along major commercial routes to Europe. Alongside Gioia Tauro, the port of Livorno was also the site of a major large-scale seizure carried out during the year. In total, approximately 5 tons of the substance were seized across the two hubs, confirming the critical role of port infrastructure in international illicit trafficking.

Cocaine remains **one of the substances with the greatest health and social impact** in Italy. It accounts for one-third of drug-related deaths and 32% of hospitalizations related to psychotropic substances us. Among the overall population accessing the Addiction Services (SerD), 28% were in care for primary cocaine/crack use (which 3.9% were specifically receiving treatment for crack use). Overall, the proportion of users treated for primary cocaine/crack use shows a slight increase compared to the previous year. Cocaine is also frequently associated

with poly-drug use, and its presence is detected in 46% of fatal acute intoxications according to forensic toxicology analyses, confirming it as the most commonly identified substance.

Chemical-toxicological analyses of seized samples conducted by law enforcement reveal a **rising average concentration of the active ingredient in powder cocaine**, with mean purity levels reaching 73-75% in 2025. Similarly, crack cocaine is characterized by exceptionally high purity, averaging between 80% and 85%. In recent years, crack purity has progressively stabilized at these elevated thresholds, with some intercepted batches reaching concentrations near 100%.

In parallel, charges for the trafficking, possession, and conspiracy to traffic illicit cocaine and crack (Articles 73 and 74 of Presidential Decree No.309/1990) have nearly doubled compared to the year 2000, rising from approximately 8,500 to over 14,700 cases, with minors accounting for a 2% share. Involvement in cocaine-related offences has also increased over time among minors: in 2025, there were 318 cases, representing nearly one-third of all minors reported for drug-related crimes. This share is significantly higher than in the early 2000s (less than 10%) and higher than in 2024 (25%). Observations over the long term highlight an increase of criminal reports for possession for personal use of cocaine and crack, peaking at 19-20% in the 2020-2021 two-year period before stabilizing in more recent years at around 17%.

In contrast to the 2024 trend, the frequency of cocaine **use increased among younger students**, as reported by the 2025 ESPAD®Italia study: 1.9% of students (approximately 46,000) used the substance during the past year (in line with 2024), roughly 23,000 (0.9% of the student population, compared to 0.4% in 2024) reported frequent use (at least 10 times a month).

In 2025, according to **analyses of the urban wastewater**, cocaine was again confirmed to be the second most consumed illicit psychoactive substance in Italy. the analyses yielded an estimated average of about 11 doses per day per 1,000 inhabitants (consistent with values recorded during 2020-2022).

The positioning was also confirmed by the **PM10 atmospheric particulate matter** (although still in the initial monitoring phase) which position cocaine as the most frequently detected substance, especially on weekdays.

The widespread availability of the substance nationwide is further paralleled by an increasing demand of healthcare services. In 2025, cocaine and crack accounted for **48% of all new accesses at local addiction services**, establishing the substance as the leading driver of new treatment demand. This marks a significant shift in the care landscape compared to 2015 featuring just 31% of new accesses.

Similarly, cocaine continues to be highly prevalent in poly-use patterns, being frequently used alongside alcohol, tobacco, and other psychoactive substances. This trend is evident across various treatment and institutional cohorts: poly-drug use was identified in 57% of new accesses at SERDs, 46% of the total active population in care, 56% of the detainee population with substance addiction, and 31% of individuals admitted to residential rehabilitation programs.

Again, this is heavily reflected in acute healthcare utilization. In 2024, **hospital admissions directly attributable** to cocaine comprised **32% of all drug-related hospitalizations** – a stark twofold increase compared to 16% in 2015. Furthermore, cocaine was involved in 39% of cases when considering the overall

hospitalizations where drug use was noted as a secondary or complicating diagnosis.

Finally, the increased presence of cocaine was confirmed by the **chemical analyses conducted by forensic toxicology labs**, which position the substance as the **third most frequently detected drug in toxicological screenings of drivers** involved in traffic accidents or undergoing roadside checks and brought to emergency departments. Overall, cocaine was identified in 5.4% of road accidents and in and 8% of road-related deaths. Indeed, cocaine which frequently combined with other substances, significantly amplifies the risk of severe or fatal accidents.

In 2025, cocaine was identified as the direct cause of **33% of overall acute poisoning deaths verified by law enforcement** and which in the past were mostly associated to opiates are no longer the sole primary driver of lethal acute poisoning deaths. This trend was confirmed by the **Forensic toxicological analyses**, which detected cocaine in 46% of analysed lethal acute poisoning cases, whereas heroin was found in 29%, highlighting the growing involvement of cocaine in drug-related mortality.

Heroin and other opiates: declining trafficking and consumption, treatment impact remains high

Over the past year, approximately **390 kilograms of heroin and other opiates were seized** in Italy. This volume accounts for less than 1% of the 55 tons of illicit substances intercepted nationwide, confirming a downward trend that began in 2019 and accelerated sharply over the last three years. **Criminal charges** for trafficking, illicit possession, and conspiracy to traffic heroin and opiates have also seen a steep decline; in

2025, they constituted roughly **4% of total drug-related offences**, compared to approximately 20% in the early 2000s. The same trajectory was evident in **administrative reports for personal possession**, which accounted for less than **3%** of the total in 2025, down from 11% in 2010.

Despite these downward trends, heroin remains the **primary drug of choice** for **57% of individuals treated by local addiction services** (SerD). Although this represents the largest single share, it is a notable drop from 70% in the early 2000s. Most of these patients are long-term cases, highlighting a **steadily aging population**. In contrast, first-accesses are heavily concentrated among younger demographics whose challenges primarily involve other substances. These shifting trends are critical for public health planning, requiring continuous adjustments to the organizational structures and intervention strategies of regional care networks.

Also the proportion of individuals receiving treatment for opiate use within residential rehabilitation facilities has declined, falling from roughly 40% during the previous two-year period to just a quarter of the population in care in 2025.

This shifting landscape is equally evident in the health consequences tied to heroin and opiate consumption, with the number of heroin-related deaths registered by authorities in 2025 falling for the first time below those linked to cocaine. In fact, **13% of drug-related hospitalizations** data following psychotropic substance use were **attributable to heroin or other opiates** – a marked contraction from the 24% documented in 2013-2014 and the 17% recorded in 2022.

At the same time, the NEWS-D network has flagged an increasing focus on emerging synthetic opioids –

including nitazenes – which are under close surveillance due to the acute public health risks posed by their introduction into the illicit market.

Cannabis: decrease in use and progressive diversification of the market

In 2025, cannabis products continued to dominate the primary indicators of drug trends nationwide. Cannabis remains the most prevalent psychoactive substance among the younger population, with 18% of students reporting past-year use – marking a decline from the 21% documented in 2024. Wastewater surveillance corroborates this downward trajectory, positioning cannabis and its derivatives as the most widely consumed substances, averaging roughly 45 daily doses per 1,000 inhabitants (down from 51-52 doses in preceding years). Furthermore, atmospheric air monitoring of PM10 particulate matter revealed a pervasive presence of THC in Italian urban aerosols, with concentrations peaking over weekends.

In terms of legal and administrative metrics, cannabis products were tied to 77% of all administrative reports for personal possession, a proportion that has held steady over time. They also accounted for 37% of total retail trafficking offences recorded during the year, down slightly from 41% in 2024. Finally, cannabis remains the primary reason for treatment among 13% of the active caseload within local addiction services, a metric that has shown remarkable stability over the long term.

Antidrug operations aimed at countering the cannabis market saw a slight decrease compared to 2024: while they continued to represent approximately 43% of total antidrug activities, their incidence was reduced compared to 47% the previous year, primarily due to a

decline in operations involving hashish. Seizure trends show varying dynamics among the primary derivatives of cannabis. Over the course of the year, the quantity of seized hashish increased (+11%), whereas a 29% reduction was recorded for marijuana quantities, confirming the trend already observed in the previous year.

In recent years, the market for cannabis products has become significantly diversified, and has seen a steady rise in THC potency profiles. While traditional marijuana and hashish have stabilized at historically high potency levels – averaging roughly 12-16% and over 30% THC, respectively – there is an expanding footprint of ultra-high-potency concentrates. These include extracts, oils, waxes, and vape liquids, where THC concentrations can surpass 80-90%. Concurrently, low-THC products have also entered the market; notably, some of these have been found adulterated with synthetic cannabinoids or other novel psychoactive compounds. Indeed, synthetic and semi-synthetic cannabinoids remain the most pervasive class of New Psychoactive Substances (NPS) found nationwide. In 2025, they accounted for 30% of the 92 emerging substances detected across the country by the NEWS-D early warning network, cementing their dominant position in the NPS market.

During 2025, law enforcement conducted **8,804 anti-drug operations** aimed at countering cannabis and its derivatives, seizing a total of nearly **40 tons of marijuana and hashish**, which accounts for **72%** of all illicit substances intercepted nationwide. Although the total number of operations dedicated to this market was slightly lower than in 2024 – dropping from 47% to 43% of all antidrug activities – cannabis remains the most heavily seized substance.

In quantitative terms, 2025 showed varying trends among the primary derivatives of cannabis: while **hashish seizures increased by 11%**, **marijuana** seizures recorded a **29% reduction**, confirming the trend already observed in the previous year. In parallel, the increase in the number of **seized marijuana plants**, exceeding **206,500** (+38% compared to nearly 150,000 in 2024), highlights the consolidation of cultivation within the national territory, concentrated primarily in Calabria, Sicily, and Sardinia.

Administrative reports for personal possession under Article 75 of Presidential Decree (DPR) No.309/1990 also reflect the predominant role of cannabinoids: in 2025, they accounted for **77%** of all referrals. This share has remained substantially stable over the last decade, fluctuating between 76% and 80%, with minor variations occurring only during the pandemic period.

The same picture emerges from **criminal charges** filed with the Judicial Authority for drug law violations: in 2025, **34% of total charges**, amounting to 8,950 cases, involved cannabis and its derivatives, predominantly hashish (70%). In nearly all cases (98%), the charges pertained to the offence of possession with intent to distribute under Article 73 of DPR No. 309/1990. The phenomenon continues to significantly impact the younger segments of the population: 41% of the individuals charged were under the age of 25, and 7% were minors.

Over the past decade, cannabis has accounted for an increasing burden on the healthcare system. This shift is clearly reflected in hospital admission data linked to psychoactive substance use: in 2024 (the most recent data year available), roughly **7% of hospitalizations directly attributable to psychotropic substance** use

involved cannabinoids. When analysing the full spectrum of clinical indications recorded on hospital discharge records, the inclusion of **at least one cannabis-related co-diagnosis** impacts nearly a third of all admissions (**30%**) – a substantial escalation from the 17% documented in 2013.

Additionally, in 2025, **forensic toxicology screenings** conducted on patients admitted to Emergency Departments following motor vehicle accidents or roadside sobriety checks identified cannabinoids in **7% of cases**. Notably, this proportion climbs to **8%** when isolating **fatalities resulting from traffic collisions**.

Regarding socio-medical assistance and treatment pathways, in 2025, **13%** of **individuals treated by Addiction Services** (SerD) were in care for primary use of cannabinoids, a share that has remained substantially stable over the years. The **same percentage** is also found **among prisoners drug users**, while in **therapeutic communities**, individuals treated for primary cannabis use represent **7%** of the total individuals in care.

The law enforcement response: system continuity amid changing market dynamics

In 2025, **criminal charges for drug law violations** (articles 73 and 74 of Presidential Decree No. 309/1990) totalled **26,423**. In the vast majority of cases (91%), these involved offences related to the illicit trafficking, production, or possession of controlled substances, as provided for under article 73, while the remaining 9% pertained to the offence of conspiracy to traffic, governed by article 74. These percentages have remained stable over the past twenty years. A breakdown by substance reveals that criminal charges were heavily driven by

cocaine and crack, which appeared in over half of all cases (56%). Cannabis and its derivatives constituted the second-largest share, accounting for roughly one-third of the total (34%). Conversely, the volume of prosecutions linked to heroin and other opiates was far more limited, standing at 4%, while synthetic substances and other illicit drugs accounted for approximately 2% and 5% respectively.

Treatment and prevention: an integrated community-based care response

During 2025, public addiction treatment services (**SERDs**) managed an active caseload of **131,328 individuals** for drug-related disorders, marking a 3.5% expansion over the 126,919 clients recorded in 2024. Concurrently, therapeutic communities provided care to 25,644 individuals within residential rehabilitation pathways. Paralleling this rise, Italian Emergency Departments documented 9,641 admissions directly attributable to substance-use conditions – a 15% surge over 2024 that highlights escalating pressure on acute emergency medical services.

Operating alongside these clinical and treatment frameworks, significant effort in 2025 was spent for prevention and early intervention programs, driven by coordinated efforts across regional administrations, departments for addiction, local municipalities, Third Sector organizations, and community associations. The initiatives implemented focused heavily on public awareness campaigns, health promotion, and targeted harm-reduction interventions designed to mitigate the medical risks associated with illicit substance consumption.

A significant portion of these activities took place within the school environment, which is considered a primary setting for early interventions targeted at youth. Over the year, 380 prevention projects were launched in lower and upper secondary schools nationwide. These initiatives focused predominantly on environmental and universal prevention. They aimed to strengthen the knowledge, interpersonal skills, and life competencies needed to counter substance use and other risky behaviours.

The sensitivity of schools toward prevention topics continued to remain high, despite a reduction in initiatives specifically dedicated to psychoactive substance use in 2025: in fact, 46% of educational institutions reported having promoted informational days or in-depth activities on the topic, down compared to 2024, but in line with the period 2022-2023. Conversely, the dissemination of prevention interventions targeting other risk behaviours remained high, with 84% of schools implementing initiatives against bullying and cyberbullying, 56% on driving-related risks, and 36% on gambling prevention.

Such convergence of efforts has become the backbone of Italy's prevention system. By focusing together on educational and community settings, regional stakeholders have built deeply integrated networks. These alliances do not work in isolation; they cooperate to tailor interventions to distinct local dynamics. Ultimately, this shared responsibility drives coordinated initiatives, ensuring a capillary reach and a far greater impact on public health.

New vulnerability among the youth demographic: new trends in risky behaviour

Risk behaviours among underage students have continued to follow a complex and evolving trajectory, spanning from use of illicit substance to newly identified vulnerabilities tied to use of digital media, to gambling, and social isolation, as reported by the according to the 2025 ESPAD®Italia study. **Nearly 350,000 under-age students reported past-year prevalence of at least one illicit substance**, that is 23%, **up from** 20% documented in **2024**.

This widespread consumption among the youngest age groups correlates closely with **administrative reports for personal drug possession** under art. 75 of Presidential Decree No. 309/1990. Indeed, **minors accounted for one in ten individuals** cited in 2025 – a proportion that has held remarkably steady over the past decade. Within this specific demographic, cannabis products make up the vast majority of intercepted substances, driving 97% of all juvenile administrative referrals.

From a **criminal justice** perspective, **juvenile** referred to the Judicial Authority for drug-related offences totalled 1,017, accounting for **3.8%** of the national baseline. This metric remains fundamentally consistent with historical trends recorded in preceding years.

Alongside illegal substances, the consumption of legal psychoactive ones also remains widespread. Nearly 500,000 underage students (31%) smoked **tobacco** over the course of 2025, with higher prevalence rates among female despite slight decreasing compared to 2024.



Heavy occasional drinking also continues to affect a significant portion of adolescents: approximately 380,000 under-age students, equivalent to a quarter of the underage school population, reported at least one episode of drunkenness during the year, with a greater prevalence among female students. Furthermore, the use of **psychotropic medications without a medical prescription** remains significant: nearly 180,000 minors (11%) used them in 2025, with prevalence rates nearly twice as high among young females.

Alongside substance use, other forms of risk linked to the use of digital technologies and leisure time are increasingly evident. Nearly 230,000 underage students exhibited **problematic internet use** (PIU), marked by an inability to regulate screen time and a clear pattern of prioritizing online activity over sleep wellbeing and real-world social relationships. Furthermore, **cyberbullying** remains heavily pervasive among minors: 47% of respondents reported experiencing online victimization, showing no significant statistical variance between sexes. Concurrently, 32% (mostly males) admitted to personal perpetration of offensive or aggressive online behaviour. While engagement in **online challenges** remained relatively limited (with 1.4% participating in a “challenge” once in their lifetime), “**ghosting**” has confirmed to be as a common experience among adolescents, quite balanced between “ghosting” (30%) and “being ghosted” (29%).

Critical elements have been highlighted in reference to **gaming**: over 260,000 underage students (17%) displayed at-risk gaming profiles, often associated with irritability and emotional issues when they are withheld from playing. Within this setting, another relevant behaviour is the **Hikikomori** phenomenon counting over 26,000 under-age students (1.7%) living in prolonged social isolation lasting over six months and 2.3% experiencing shorter periods of withdrawal (three to six months), which are both frequently associated with psychological, interpersonal, or family difficulties.

Finally, **gambling** among minors continues to grow, reaching the highest levels observed in recent years: 64% of under-18 students reported having gambled at least once in their lifetime, and 59% (equivalent to approximately 900,000 adolescents between 15 and 17 years old) did so over the past year. The most widespread formats remain scratch cards and football betting, while online gambling involved 12% of underage students. Furthermore, “at-risk” and “problematic” gambling profiles are on the rise, affecting 7.7% and 6% of the underage student population respectively, and are frequently associated with other problematic behaviours, including vandalism, theft, and psychoactive substance use.

Antidrug operations

⬇️ 20,692 (-3%)

Source: Ministry of Interior

Seizures

⬇️ Kg. 55,396 (-5%)

⬇️ Marjuiana	37%	(2024=49%)
⬆️ Hashish	35%	(2024=30%)
⬆️ Cocaine	25%	(2024=19%)
= Opiates/opioids	0.7%	(2024=0.6%)
= Synthetic Drugs	0.2%	(2024=0.2%)
= Other Drugs	2%	(2024=1%)

The % reported represents the amount of substances seized compared to the total annual quantities

Source: Ministry of Interior

⬆️ 206,589 Cannabis plants (+38%)

Source: Ministry of the Interior

⬆️ 271,780 Doses/Tablets (+120%)

Synthetic Drugs	7.9%	(2024=82%)
Other Drugs	92%	(2024=18%)

Source: Ministry of Interior

Average % purity of active ingredient (dealing)

State Police		Carabinieri	
= 16%	(2024=15%)	Marjuiana	= 13% (2024=13%)
⬆️ 34%	(2024=29%)	Hashish	= 31% (2024=30%)
⬆️ 73%	(2024=67%)	Cocaine	⬆️ 75% (2024=69%)
= 87%	(2024=88%)	Crack	⬇️ 80% (2024=88%)
= 15%	(2024=16%)	Heroin	⬆️ 14% (2024=8.8%)
= 53%	(2024=52%)	MDMA (powder)	= 65% (2024=67%)

Sources: Ministry of Interior and Ministry of Defence

Average price (1st half of 2025)

Drug trafficking (€/kg)		Drug dealing (€/gr)	
⬆️ 2,749	(+273€)	Marjuiana	= 9,23 (-0,74€)
⬆️ 3,519	(+700€)	Hashish	= 10,65 (-0,15€)
⬆️ 36,756	(+918€)	Cocaine	= 76,56 (-0,20€)
⬆️ 22,250	(+1,932€)	Brown Heorin	= 41,99 (+2,97€)
⬆️ 31,800	(+1,756€)	White Heorin	= 55,53 (+2,80€)
⬆️ 7,392	(+218€)	Ecstasy	= 20,85 (-1,58€)
= 7,813	(+ 28€)	Amphetamines	= 19,20 (-3,32€)

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

Source: Ministry of Interior

NEWS-D activities

⬆️ 92 NPS reported to EUDA (+16%)

Source: ISS

Ministerial Tables

40 new substances included

Source: Ministry of Health

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

	2024	2025
⬇️ Cannabis	21%	18%
⬆️ Opiates	1.2%	1.5%
= Cocaine	1.8%	1.9%
= Stimulants	2.4%	2.7%
⬆️ Hallucinogens	1.2%	1.9%
= NPS	5.8%	5.7%
= Synthetic Cannabinoids	3.5%	3.6%
⬇️ Unprescribed psychoactive drugs	12%	11%

Source: CNR-IFC

Overall individuals in care at SerDs

⬆️ 131,328 (+3.5%)

= New individuals in cares	12%	(2024=12%)
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⬇️ Opiates/opioids	57%	(2024=59%)
⬆️ Cocaine/crack	28%	(2024=26%)
= Cannabis	13%	(2024=13%)

Source: Ministry of Health

Individuls treated at therapeutic facilities

⊖ 23,970

⬆️ Cocaine/crack	46%	(2024=41%)
⬇️ Opiates/opioids	25%	(2024=28%)
⬇️ Cannabis	6.8%	(2024=8%)
= Alcohol	20%	(2024=21%)
= Other substances	2%	(2024=2.6%)

Source: Ministry of Interior

Detainees with drug-addiction

32,823 of which 45% new individuals in care

Cocaine/crack	54%
Opiates/opioids	20%
Cannabis	13%

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

Source: Interregional Technical Group on Addiction

Alternative measures for people with drug addiction

⬆️ 4,337 as of December 31, 2025 (+2.8%)

= 8.9% of total alternative measures granted (2024 = 4,218)

Source: Ministry of Justice

ED admissions

⬆️ 9,641 (+15%)

Source: Ministry of Health

Hospital admissions (2024)

⬇️ 7,043 (-4.6%)

⬆️ Cocaine	32%	(2023=30%)
⬇️ Opioids	13%	(2023=15%)
= Cannabinoids	6.9%	(2023=6.5%)
= Stimulants/Hallucinogens	0.9%	(2023=1.1%)
= Mixed/unspecified substances	47%	(2023=47%)

Source: Ministry of Health

Deaths

⬆️ 249 (+7.8%)

⬆️ Opiates/opioids	39%	(2024=35%)
= Cocaine/Crack	35%	(2024=35%)
⬇️ Unspecified	24%	(2024=27%)
= Other substances	2%	(2024=3%)

Source: Ministry of Interior

HIV and AIDS in IDUs (2024)

⬆️ 91 HIV cases (+7.1%) (2023=85)

⬇️ 26 AIDS cases (-33%) (2023=39)

57% late AIDS diagnoses in the two-year period 2023-2024

Source: ISS

Illicit activities under Presidential Decree no. 309/1990

36,184 reports under article 75

= Cannabis	77%	(2024=78%)
= Cocaine	17%	(2024=16%)
⬆️ Crack	2.8%	(2024=1.9%)
= Opiates	2.6%	(2024=3.2%)

Data are not comparable with the previous year due to ongoing updates

Source: Ministry of Interior

⬇️ 26,423 offences under articles 73 and 74 (-5.9%)

(68% under arrest)

⬆️ Cocaine/Crack	56%	(2024=52%)
⬇️ Cannabis e derivati	34%	(2024=37%)
= Heroin/Opiates	3.8%	(2024=4.3%)
= Synthetic Substances	1.6%	(2024=1.7%)
= Others	4.9%	(2024=4.9%)

Source: Ministry of Interior

21,562 detainees under articles 73 and 74

⊖ 34% of the prison population (2024=34%)

The comparison with the previous year concerns the percentage of detainees for drug-related offences over the total prison population

Source: Ministry of Justice

Symbols (⊖, ⬆️, ⬇️) and colors refer to the trend compared to the previous year

How to explore contents

Interactive dashboard

Chapter index

Chapter 1

Supply and market of psychiatric substances

Antidrug operations and seizures of psychoactive substances..... 30

Qualitative analyses of seized psychoactive substances..... 30

Visual contents index

Table 1.I

Supply of psychoactive substances in 2025..... 25

Table 3.III

Drug-related emergency department admissions in 2025..... 123

Data exploration icons inside chapters

In 2025, the Italian Police Forces carried out **20,692** antidrug **operations** of criminal relevance, representing a 3% decrease compared to 2024. Law enforcement activities led to the seizure of more than **55 tons of psychoactive substances** (-5% compared to 2024), **206,589 cannabis plants** (+38%), and **271,780 tablets/doses** – the latter figure having doubled compared to 2024¹.

TABLE 1.I Antidrug operations carried out

In border areas, approximately 12.5 tons of psychoactive substances were intercepted, accounting for 23% of the national total (down from 32% in 2024). The largest quantities involved cocaine (about 7.5 tons) and marijuana (about 3.5 tons). Furthermore, these same border areas saw the seizure of approximately 80% of the substances intercepted in Italy in the form of tablets or doses.

Most customs-related seizures took place in ports (74%), followed by airport areas (about 23%) and, to a much lesser extent, land and inland borders (3%). In addition to the quantities seized in customs areas, about 673 kilograms of hashish were confiscated in international waters off the coast of Trapani.

Navigation buttons

Chapter index

Visual contents index

Chapter 1

Chapter 2

Interaction buttons

Cannabis

Cocaine/crack

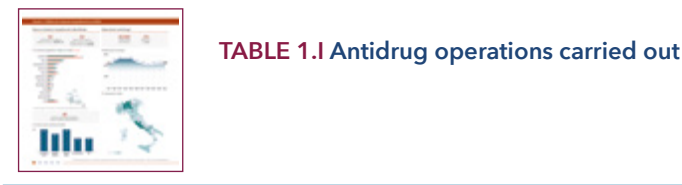
Heroin/other opiates

All

None

Antidrug operations and seizures of psychoactive substances

In 2025, the Italian Police Forces carried out **20,692** antidrug **operations** of criminal relevance, representing a 3% decrease compared to 2024. Law enforcement activities led to the seizure of more than **55 tons of psychoactive substances** (-5% compared to 2024), **206,589 cannabis plants** (+38%), and **271,780 tablets/doses** – the latter figure having doubled compared to 2024¹.



Cannabis accounted for the largest share of seizures (72%, equal to about 40 tons), evenly divided between hashish (resin) and marijuana (leaves and inflorescences). Cocaine and crack followed with 25%, while heroin and other opioids (0.7%) and synthetic substances (0.2%) represented only marginal shares. The remaining 2% of seizures consisted of other psychoactive substances.

From a geographical perspective, nearly half of the quantities seized were found in Southern Italy (27%) and the Islands (about 17%), particularly in the regions of Campania, Calabria, and Sardinia. Thirty-three percent of seizures occurred in Northern Italy, especially in Lombardy, while 23% were recorded in Central Italy, mainly concentrated in Lazio. The remaining 1% was seized in international waters.

In border areas, approximately 12.5 tons of psychoactive substances were intercepted, accounting for 23% of the national total (down from 32% in 2024). The largest quantities involved cocaine (about 7.5 tons) and marijuana (about 3.5 tons). Furthermore, these same border areas saw the seizure of approximately 80% of the substances intercepted in Italy in the form of tablets or doses.

Most customs-related seizures took place in ports (74%), followed by airport areas (about 23%) and, to a much lesser extent, land and inland borders (3%). In addition to the quantities seized in customs areas, about 673 kilograms of hashish were confiscated in international waters off the coast of Trapani.

Adjusted for population, Italy saw an average of **125 kilograms of psychoactive substances seized per 100,000 inhabitants (aged 15-74)**. However, there are marked regional disparities largely driven by the presence of major entry points like ports and airports. In fact, significantly higher values are observed for Calabria and Sardinia, with peaks of approximately 470 and 505 kilograms per 100,000 residents, respectively.

Cocaine

During 2025, the Police Forces carried out **10,161 operations** targeting cocaine trafficking, accounting for **49%** of the total annual antidrug operations, confirming an increasing trend of 27% and 45% of all operations in 2015 and 2024.

¹Source: Ministry of Interior - Central Directorate for Antidrug Services (DCSA)



Specifically, the overall cocaine seized amounted to **14 tons**, representing **26%** of the total 55 tons of psychoactive substances seized – a marked increase from 19% in 2024. Once again, this figure aligns with the percentages observed in 2020, after the peak recorded in 2022, when cocaine accounted for 34% of the total quantities seized in Italy.

From a geographical perspective, the main method of cocaine entry into the country remains along **border areas** adding up to approximately **7.5 tons**, that is **54%** of the total seized, a relevant amount though slightly decreasing compared to the previous years during which it ranged between 70% and 85%. Of this, 94% was intercepted at maritime borders/ports, with two large seizures in the ports of Livorno (about 2 tons), and Gioia Tauro (approximately 3 tons).

As to the distribution of enforcement activity across the country, 37% of operations targeting the cocaine market was concentrated in Northern Italy leading to the seizure of 3.1 tons (16% in Lombardy), 22% of overall amount nationwide. Operations in Central Italy were 30% of the total leading to the seizure of approximately 4.2 tons, of which 2.7 in Tuscany and 1.2 in Lazio. The greatest quantity seized was, however, in Southern Italy and the Islands, where 30% of all operations were carried out leading to the seizure of 6.7 tons, that is 48% of the total amount seized nationwide, and was mostly seized in Calabria and Campania, with 4.4 and 1.2 tons respectively.

When these figures seizures are adjusted for the resident population aged between 15 and 74 years, this translates into an average of **32 kilograms of cocaine seized per 100,000 inhabitants**, ranging from 68 kilograms per

100,000 residents in Liguria, 100 kilograms in Tuscany, and 318 kilograms in Calabria.

Heroin

During 2025, police operations targeting trafficking of heroin and other opioids totalled **708 operations**, accounting for **3.4%** of all antidrug activities. This figure confirms a steadily declining trend compared to previous years, particularly since 2015.

In terms of amount of heroin seized, this amounted to **390 kilograms**, that is **0.7%** of the 55 tons of the overall psychoactive substances intercepted nationwide, showing a slight increase compared to the two previous years (0.3% in 2023 and 0.6% in 2024).

In the last year, **customs checkpoints** were central for seizure of these substances, representing **39%** of the heroin/other opioids seized nationwide (**151 kilograms**, an increase compared to 15% in 2023 and 7.4% in 2024). Of this, 89% (134 kilograms) was intercepted in ports, mostly in the port of Genoa, while the remaining 17 kilograms was intercepted in airport areas.

In terms of quantities, the largest quantities were seized in Liguria and Lombardy, which together accounted for 194 kilograms, equal to half of the total intercepted nationwide. The picture, however, changes when the data are adjusted for resident population in Italy, resulting in an average of **slightly less than 1 kilogram of heroin and other opioids seized per 100,000 inhabitants aged 15 to 74**, with marked territorial differences: 5 kilograms/100,000 residents in Bolzano and 12 kilograms/100,000 residents in Liguria.

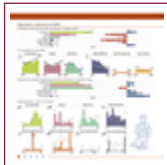


TABLE 1.II Antidrug operations and seizures in 2025

Cannabis

During 2025, the Police Forces conducted **8,804 operations** targeting the market of cannabis and its derivatives, accounting for **43%** of all antidrug activities carried out across Italy. In terms of quantities, these operations led to the seizure of **approximately 40 tons** of cannabis products, representing **72%** of all substances intercepted nationwide, a share that decreased compared to the 79% recorded in 2024.

A significant portion of the seized quantities was intercepted in **border areas**, where approximately **4 tons** were blocked, mainly along maritime routes and in international waters, which continue to represent the main channel of entry into the country. In addition, about 2 tons were seized in airport areas, primarily at Fiumicino Airport and Milan Linate Airport, marking a new development compared to previous years, when interception activities were less relevant.

Overall, the seized quantities of drugs were evenly represented by marijuana (51%) and hashish (49%), shifting from the predominant presence of marijuana in the period after 2020.

Marijuana

During 2025, antidrug **operations** targeting the marijuana market were **2,319**, accounting for **11%** of the

total nationwide. These activities led to the seizure of approximately **20.5 tons** of marijuana, representing **37%** of all psychoactive substances intercepted, a decrease compared to the 49% recorded in 2024. Seventeen percent of marijuana seizures occurred in **customs areas**, where around **3.4 tons** were intercepted, distributed almost equally between maritime and airport borders.

The phenomenon was particularly concentrated in Southern Italy and the Islands, where 46% of all marijuana-related operations nationwide took place, resulting in the seizure of about 12 tons, (equal to 58% of the national total). In particular, Sardinia, Calabria, and Campania stood out for the highest quantities, with approximately 9 tons seized overall.

The territorial differences are even more evident when data are adjusted for population. While the national average is of **46 kilograms** of marijuana seized **per 100,000 inhabitants aged 15-74 years**, the figures rise to 92 kilograms per 100,000 inhabitants in Liguria, 140 kilograms in Calabria, and nearly 463 kilograms in Sardinia per 100,000 residents, highlighting the particularly high intensity of the phenomenon in these areas.

Hashish

During 2025, activities aimed at combating the hashish market resulted in **6,059 police operations**, accounting for **29%** of the national total. These interventions led to the seizure of nearly **19.5 tons of the substance**, corresponding to **35%** of the 55 tons intercepted overall.

In **border areas** and in **international waters** off the coast of Trapani, approximately **1,240 kilograms** of the substance **were seized**, equal to **2.9%** of the national total. In this context, maritime routes continued to represent the

main entry channel, accounting for 96% of seizures carried out in customs areas and international waters.

From a territorial perspective, 48% of operations occurred in Northern Italy, particularly in the North-western regions, seizing 42% of (about 7.8 tons) of overall hashish, mostly in Lombardy. Approximately 25% of operations were carried out in the central regions, mostly in Lazio, leading to the seizure of 28% of the overall amount (equal to 5.3 tons). The remaining 28% of operations were concentrated in Southern Italy, leading to the seizure of 30% of substances (approximately 5.6 tons), particularly in Campania, and in the Islands,

Adjusting the data for the population aged 15-74, this highlights an average of **44 kilograms of seized hashish per 100,000 residents aged 15-74 years**, with significant regional differences ranging from 61 kilograms in Campania, 81 in Liguria, and 96 in Lazio.

Cannabis plants

During 2025, the antidrug **operations** specifically targeting the **cannabis** plant market totalled **426**, corresponding to **2.1%** of the 20,692 activities carried out nationwide. These interventions led to the seizure of **206,589 plants** – a **38% increase** compared to the nearly 150,000 seized in 2024.

Up to 21% of antidrug activities took place in the regions of Calabria, Sicily, and Sardinia, where climatic conditions are particularly favourable for outdoor cannabis cultivation, resulting in the seizure of 177,474 plants (86% of the total nationwide). The phenomenon was especially significant in Sardinia, where 58 operations (14% of the national total), lead to the seizure of approximately 59% (121,678 plants) of all cannabis plants seized nationwide.

The greater spread of illicit cultivation in Southern Italy is also clearly evident when the data are adjusted for population. Nationally, an average of **466 plants** were **seized per 100,000 residents aged 15-74**, a figure heavily influenced by the high levels recorded in Calabria and Sardinia, where approximately 3,170 and 10,364 plants per 100,000 inhabitants were seized respectively.



TABLE 1.I Amounts seized

Synthetic drugs and other psychoactive substances

Operations targeting **synthetic drug** trafficking were **370**, accounting for **1.8%** of all antidrug actions carried out in Italy. These interventions resulted in the seizure of **21,372 doses/tablets** and **117 kilograms** of powdered substances. Compared to 2024, there was a sharp reduction in the number of intercepted doses, alongside an increase in the quantities seized in powder form (in 2024 respectively 101,727 doses and 84 kilograms).

From a geographic perspective, seizures of substances in the form of dose/tablets were mainly concentrated in Sardinia (59%) and Calabria (21%), while quantities of powder forms were primarily intercepted in Lombardy (61%) and Lazio (11%).

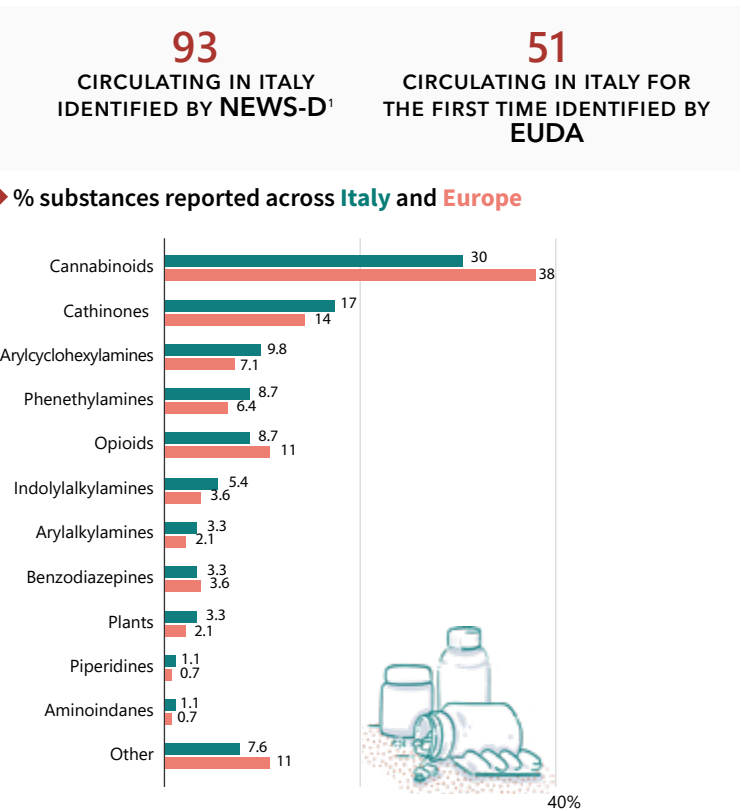
Unlike 2024, seizures in **customs areas** were fewer during 2025 with about **4 kilograms and 43 doses/tablets** overall of synthetic substances being intercepted, all at airports.

During 2025, significant seizures of **other psychoactive substances** were also recorded. The **649 dedicated antidrug operations**, equal to **3.1%** of the national total, resulted in the seizure of **1,090 kilograms of powdered substances** and **250,408 tablets/doses**, mostly benzodiazepines.

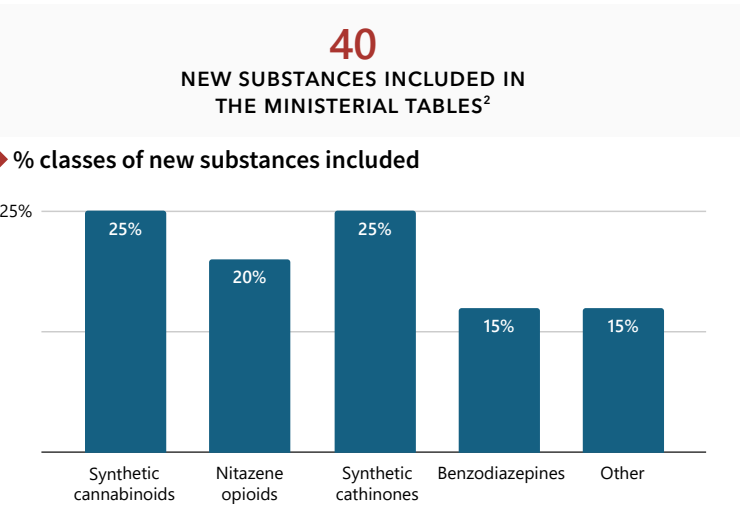
Asignificant percentage of these quantities was intercepted in **border areas**, almost entirely at **airports**, particularly at Milan Malpensa Airport and Milan Linate Airport. These entry points accounted for **89% of all tablets/doses** and **72% of powdered substances** seized nationwide, confirming their strategic role in the trafficking of these types of substances.

Table 1.I Supply of psychoactive substances in 2025

New psychoactive substances identified

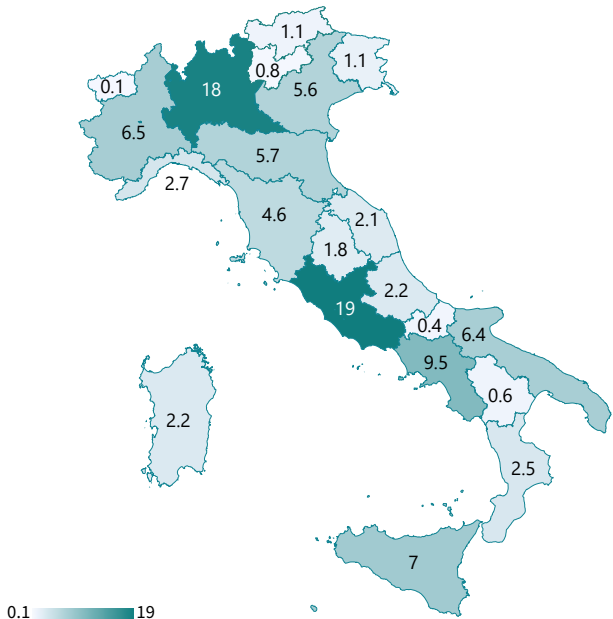
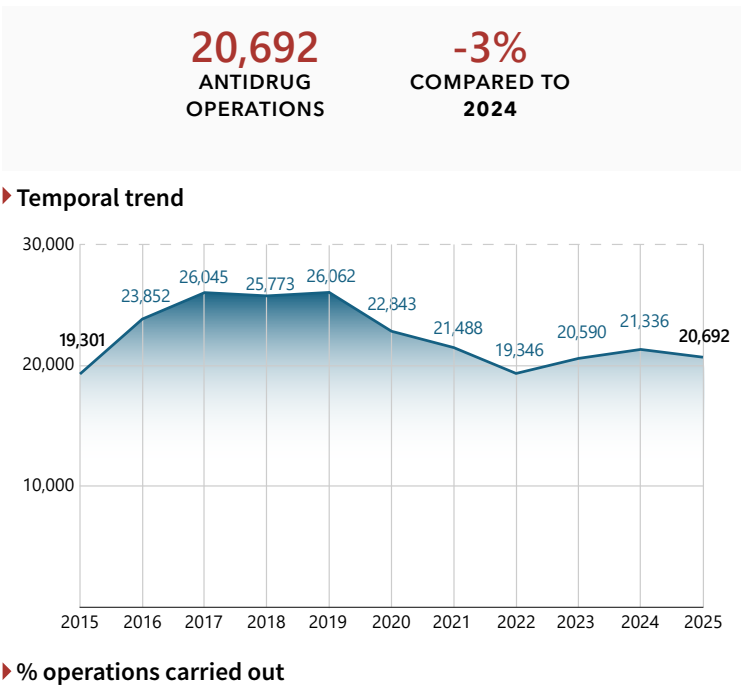


1. National Institute of Health (ISS) - National Centre for Addictions and Doping

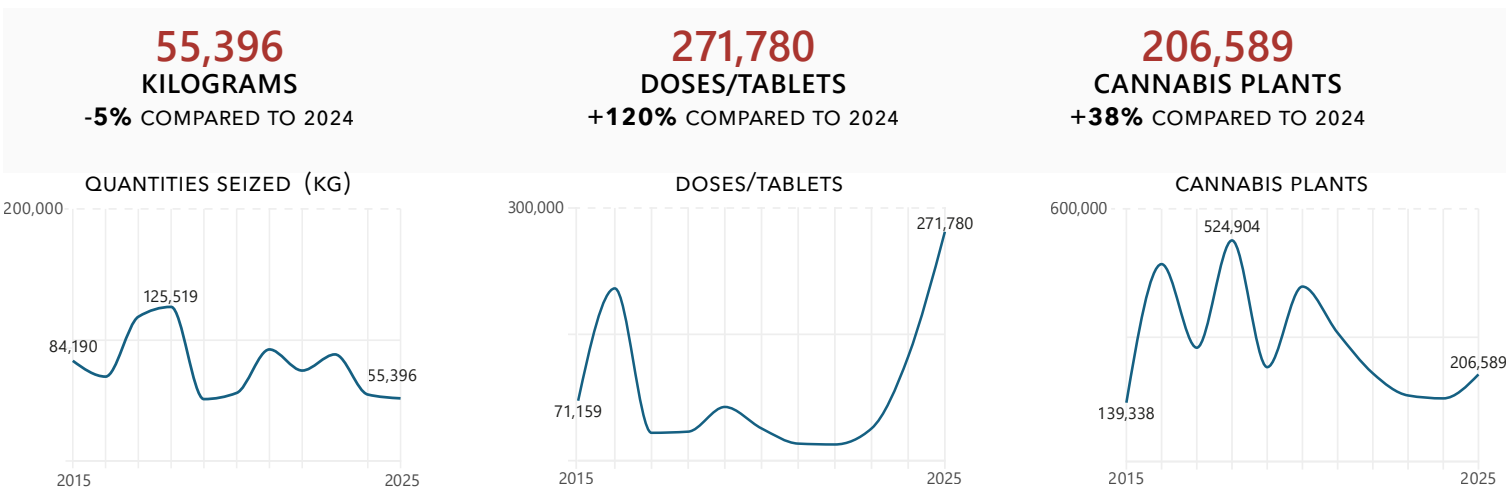


2. Ministry of Health, previously General Directorate for Medical Devices and Pharmaceutical Supply - Central Narcotics Office

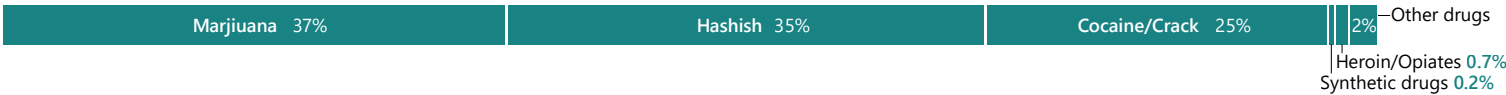
Antidrug operations carried out³



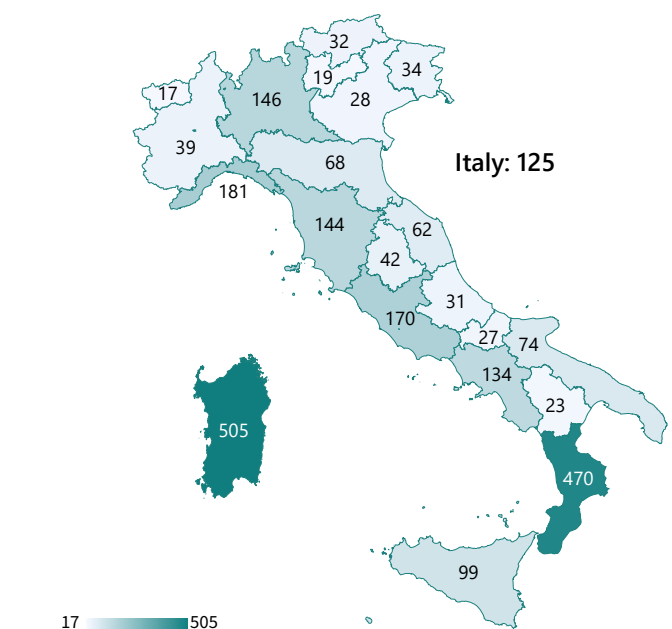
Amounts seized³



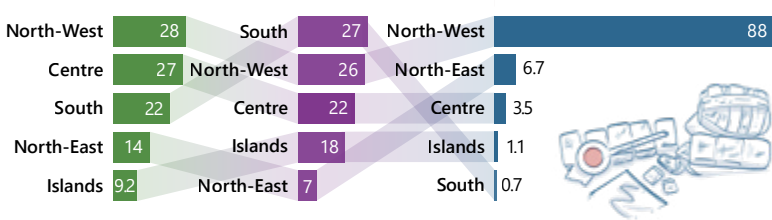
► % amounts seized by substance



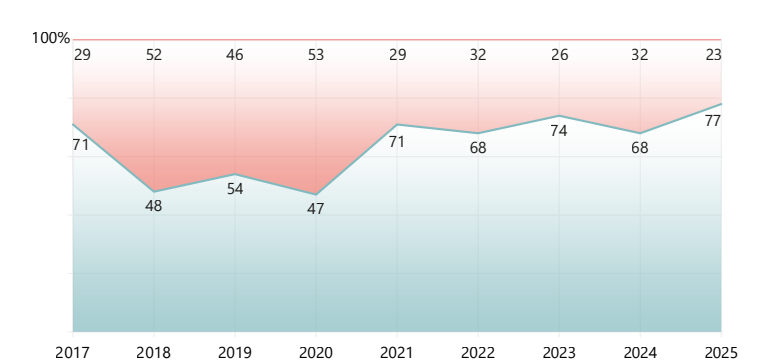
► Amount seized (Kg) per 100,000 residents (aged 15-74)



► % geographic distribution of operations, Kg and doses seized



► % amounts seized (Kg) within the territory and border areas



Due to rounding, the sum of the percentage values may range between 99% and 101%

3. Ministry of Interior - Central Directorate for Antidrug Services (DCSA)

Qualitative analyses of seized psychoactive substances

Chemical-toxicological analyses of seized psychoactive substances may be requested within criminal proceedings, and in some cases administrative proceedings related to violations of Presidential Decree No.309/1990, by the Judicial Authority in order to identify their active ingredient and verify their inclusion in the ministerial schedules provided for under current legislation.

The analyses conducted by the laboratories of the Scientific Police² and the Carabinieri³, revealed significant variability in the purity levels of substances available on the illicit market. Such variability is determined by several factors, including the type of seizure (large wholesale shipments versus retail-level seizures) and the growing supply diversification, reflecting increasingly sophisticated methods of production, cutting, and distribution.

Retail Drug Dealing

In recent years the **drug retail market** has undergone a significant transformation in terms of qualitative characteristics of psychoactive substances, marked by an increasing potency and greater supply diversification.

Regarding **cannabis-based products**, there has been a **progressive increase in tetrahydrocannabinol (THC) concentration** alongside a growing diversification of supply. In addition to products with potency levels that have now stabilized at medium-high values, there is a rising presence of preparations with extremely high

concentrations of the active ingredient, reaching levels far above traditional standards.

For cannabis leaves and inflorescences (**marijuana**), **Scientific Police** data over the last decade show a gradual increase in average potency from around 10-11% to approximately **16%** in 2025, while analyses carried out by the **Carabinieri** indicate substantial stability, with average values hovering around **12-13%** between 2021 and 2025. Alongside these levels, both sources highlight the presence – though not predominant – of highly concentrated products, with peaks exceeding 40-60%.



TABLE 1.II Qualitative analyses of psychoactive substances seized in 2025

A similar trend, albeit at higher levels, is observed for cannabis resin products (**hashish**), where the average THC concentration now stands between **31% and 34%**. This reflects evolving production and processing techniques aimed at creating increasingly concentrated extracts. At the same time, new high-potency products with THC concentrations exceeding 80-90% have become widespread in the form of waxes, gels, oils, or liquids for electronic cigarettes. In this area, another phenomenon of particular interest concerns products with very low THC

content (below 1%), which may occasionally be adulterated through the addition of synthetic cannabinoids or new psychoactive substances.

In the Italian retail drug market, **cocaine** is characterized by high purity levels – around **70-75%** – which have been **increasing in recent years**. Analyses also reveal substantial variability: alongside lower-purity products, there are samples with extremely high concentrations approaching or reaching 100%, indicating the presence of nearly pure cocaine on the market. Analyses by the Scientific Police show that since 2017, purity has stabilized at high levels (around 67-70%), with a further increase in 2025 to approximately 73%. Carabinieri laboratory data for recent years confirm and reinforce this trend, showing a progressive rise in average purity from around 68% in 2021 to 75% in 2025, along with an increasingly widespread distribution of medium-high purity samples.

Analyses by both Scientific Police and Carabinieri laboratories also show that **crack cocaine** is characterized by very high purity levels, around **80-85%**, with a tendency toward stabilization at high values and a significant presence of extremely concentrated products. Over the medium-to-long term, Scientific Police data show that, after an initial phase of greater variability, purity stabilized from 2020 onward at average levels above 80%. Carabinieri data confirm this trend, with average purity values generally between 80% and 88%.

Laboratory analyses also reveal marked variability in retail crack products: alongside samples with lower purity values, there are products approaching or reaching 100% purity, indicating the presence of nearly pure crack cocaine on the market.

Laboratory analyses show a retail **heroin** market characterized mainly by **low purity levels around 10-15%**, although more concentrated samples occasionally appear, reaching values above 70%.

Scientific Police data indicate that, from 2016 onward, average values remained mainly between 13% and 20%, with a recent tendency to stabilize around 15%. Most samples, however, remain concentrated at even lower values, generally between 10% and 15%.

Carabinieri analyses confirm this trend, showing slightly lower average values during 2021-2024 (around 8-13%) and a slight increase in 2025 to 14%. In this case as well, the most common purity levels are around or below 10%, confirming the widespread presence of low-concentration heroin on the retail market. The differences observed between the two sources are partly attributable to different analytical methodologies.

Powder MDMA on the retail market in 2025 was characterized by average **purity levels around 60% and substantial stability over time**, despite some fluctuations.

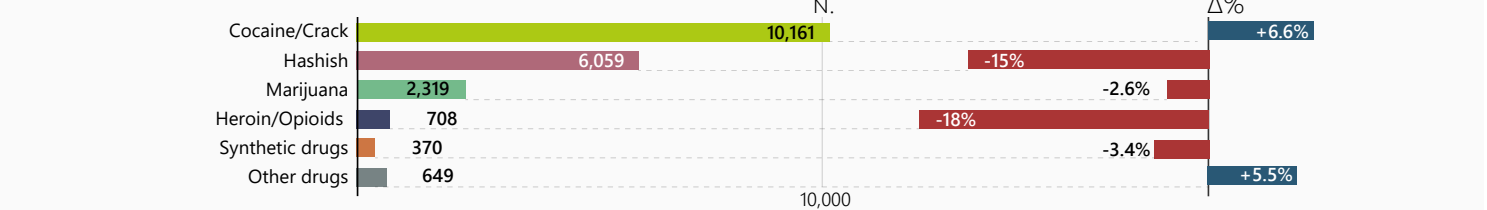
²Source: Ministry of Interior - Central Anticrime Directorate of the State Police - Scientific Police Service

³Source: Ministry of Defence - Carabinieri Corps - Scientific Investigation Grouping

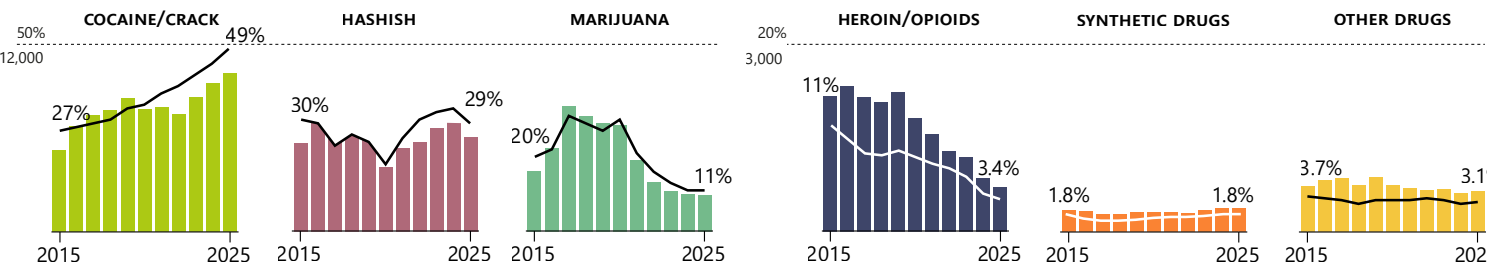
Table 1.II Supply of psychoactive substances and market characteristics

Antidrug operations and seizures in 2025¹

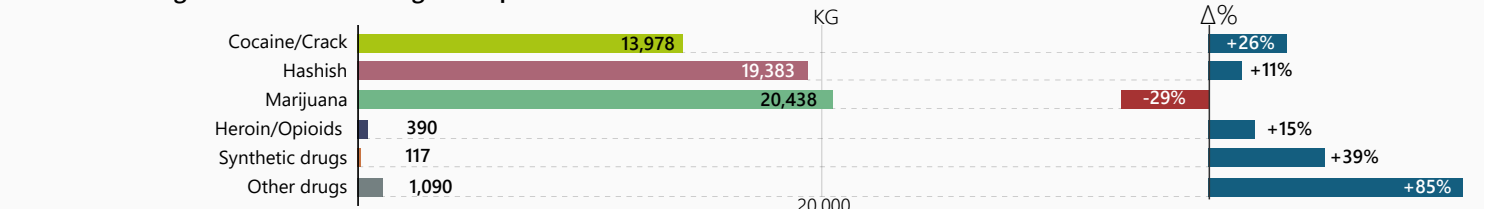
Antidrug operations in 2025 and % changes compared to 2024



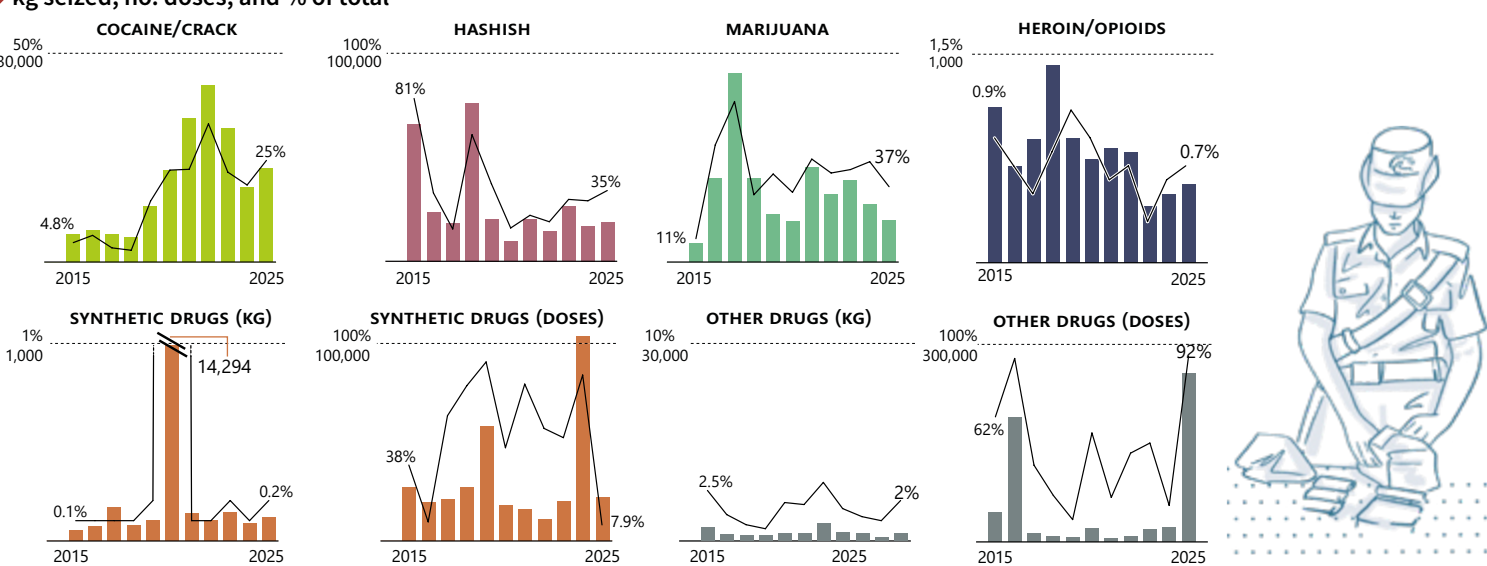
No. operations and % over total



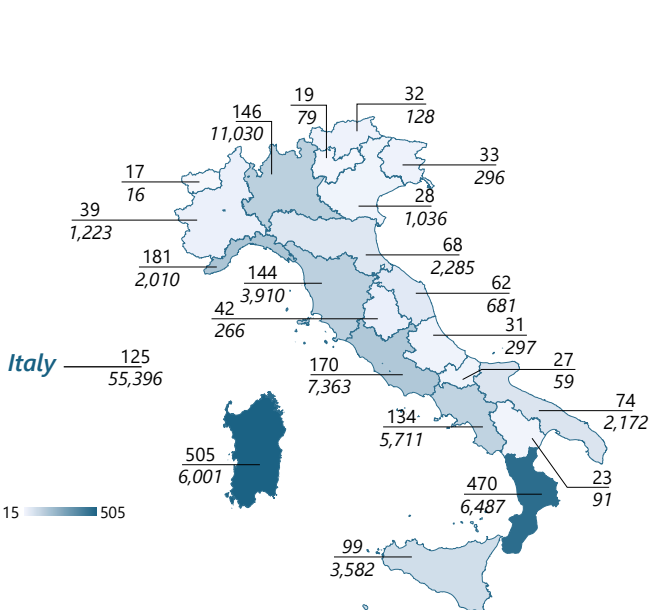
Seizures of drugs in 2025 and % changes compared to 2024



kg seized, no. doses, and % of total



kg seized and rate per 100,000 residents (aged 15-74)



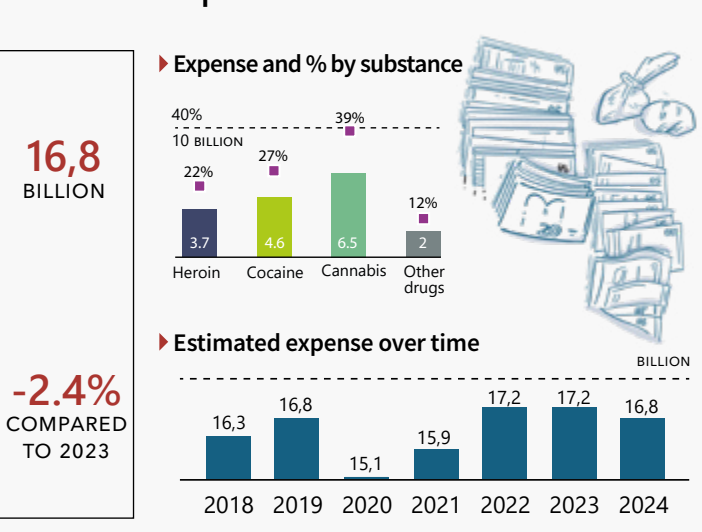
Rate (Kg per 100,000 residents aged 15-74)

	Cocaine/Crack	Hashish	Marijuana	Heroin/Opioids
Piedmont	7	13	14	0.3
Valle d'Aosta	1.6	7.5	8.1	0.0
Lombardy	17	81	37	0.8
Liguria	68	8.6	92	12
AP Bolzano	6.2	15	5.7	4.7
AP Trento	1.3	14	4.3	0.0
Veneto	4.6	10	13	0.7
Friuli Venezia Giulia	15	3.8	9.2	0.0
Emilia Romagna	16	18	33	0.4
Tuscany	100	36	6.1	0.2
Umbria	21	9.0	10	1.9
Marche	2.1	11	48	0.1
Lazio	30	96	42	0.4
Abruzzo	6.7	7.8	16	0.4
Molise	1.9	16	9.5	0.3
Campania	27	61	43	0.3
Apulia	8.8	35	28	1.7
Basilicata	1.0	13	8.3	0.0
Calabria	318	12	140	0.1
Sicily	15	40	44	0.6
Sardinia	21	20	463	0.2
ITALY	31	44	46	0.9

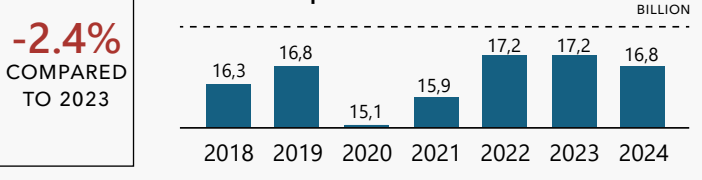
kg seized

	Cocaine/Crack	Hashish	Marijuana	Heroin/Opioids
Piedmont	227	421	436	11
Valle d'Aosta	1.5	6.9	7.5	0.0
Lombardy	1,250	6,135	2,809	60
Liguria	759	96	1,019	135
AP Bolzano	25	61	23	19
AP Trento	5.3	56	18	0.0
Veneto	170	367	459	26
Friuli Venezia Giulia	129	33	81	0.4
Emilia Romagna	549	594	1,113	14
Tuscany	2,736	984	167	6.8
Umbria	132	56	66	12
Marche	23	127	530	0.7
Lazio	1,311	4,155	1,804	16
Abruzzo	64	75	149	3.6
Molise	4.1	34	20	0.7
Campania	1,163	2,585	1,848	13
Apulia	258	1,034	830	49
Basilicata	4	53	33	0.1
Calabria	4,389	171	1,927	0.8
Sicily	527	1,426	1,598	21
Sardinia	254	241	5,501	2.9
ITALY	13,978	19,383	20,438	390

Estimated expenses for substance use in 2024



Estimated expense over time

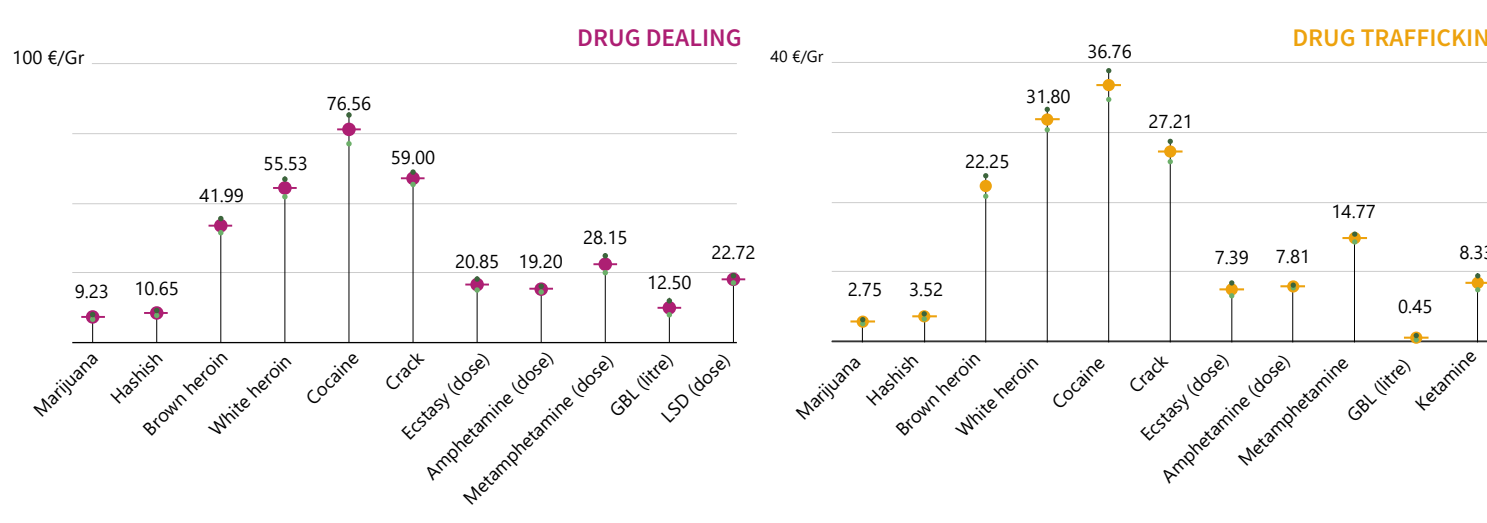


National Institute of Statistics (ISTAT) - Department for Statistics Production - Central Directorate for National Accounts

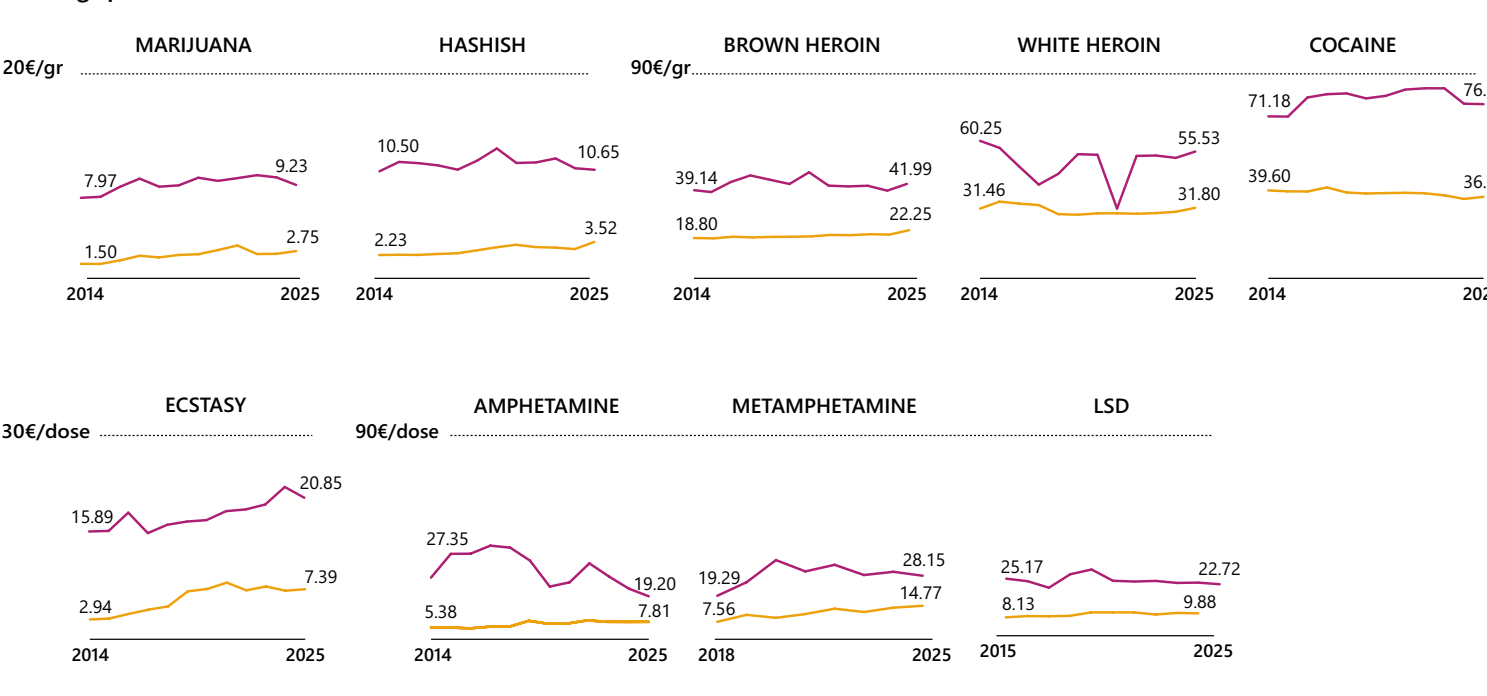
1. Ministry of Interior – Central Directorate for Antidrug Services (DCSA)

Average market price of dealing and trafficking in 2025²

Average, minimum, and maximum price by drug - First Half 2025



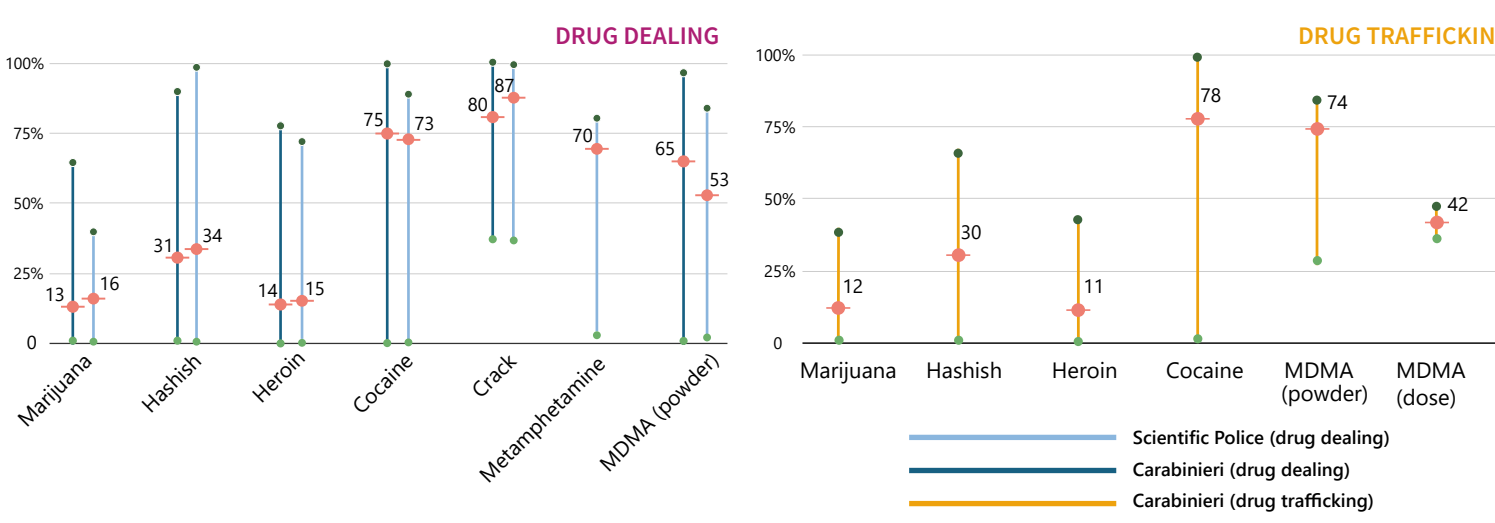
Average price - DRUG DEALING and DRUG TRAFFICKING



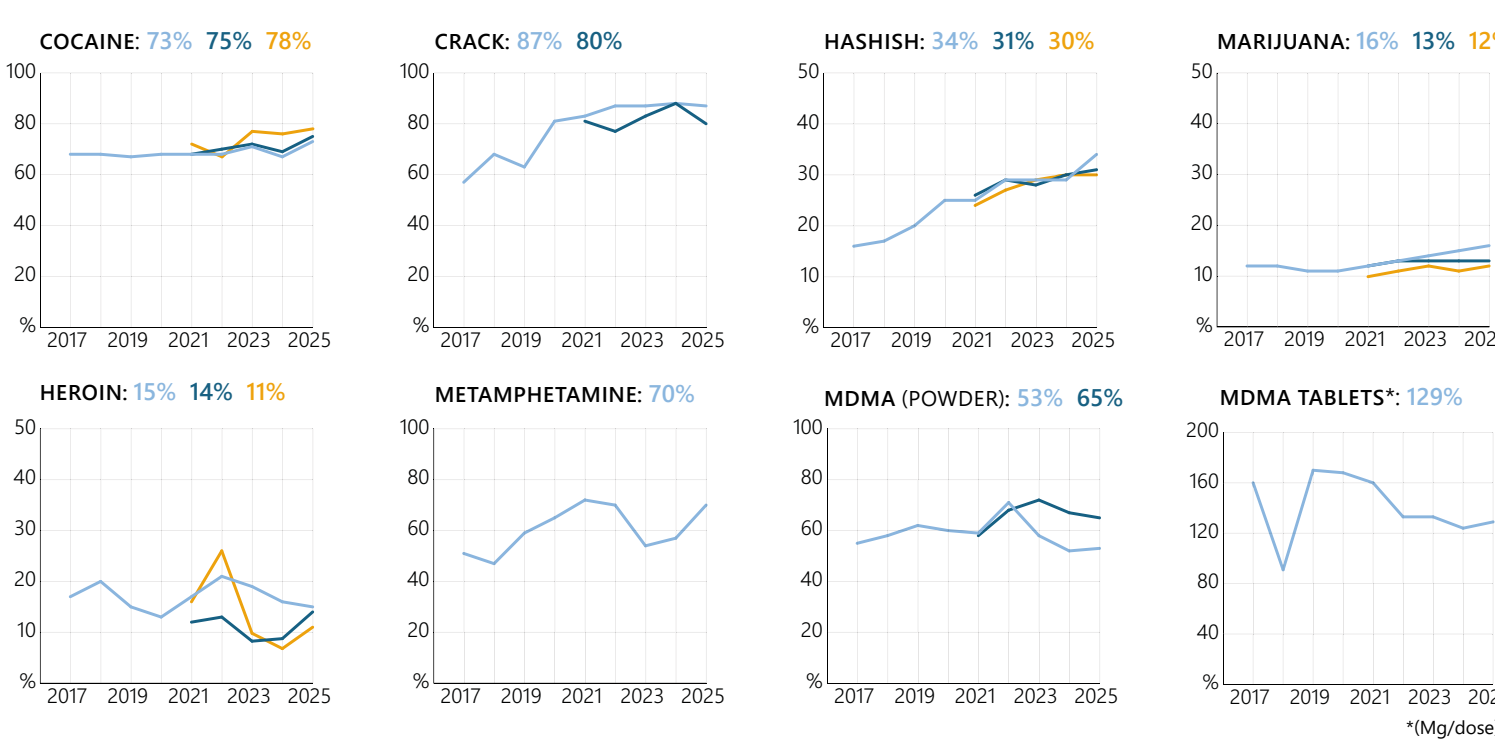
2. Ministry of Interior – Central Directorate for Antidrug Services (DCSA)

Qualitative analyses of psychoactive substances seized in 2025^{3,4}

Percent average, minimum, maximum of active ingredient



Trend mean % of active ingredient by substance



3. Ministry of Interior - Anticrime Police Directorate - Scientific Police
4. Ministry of Defence Carabinieri Corps - Scientific Investigation Grouping



Scientific Police data over the last decade have shown average values generally between 55% and 65%, with a slight decline in recent years (around 53% in 2025). Carabinieri analyses, based on a larger number of samples and more recent data, confirm this picture, showing slightly higher average values (between 57% and 72%) and stabilization around 65% in 2025.

Both sources also highlight marked variability: alongside very low minimum values, extremely high concentrations are recorded, up to approximately 95-98%, indicating the presence of very high-purity products on the market. Overall, however, the most common and representative levels remain medium-high, generally around 70-80%.

Drug trafficking

The qualitative characteristics (purity and variability) of substances seized on the **wholesale market** (quantities exceeding 1 kilogram or 1,000 doses) are provided by analyses conducted by the Carabinieri.

As to cannabis, leaves and inflorescences (**marijuana**) show stable and moderate THC levels **between 10% and 12%** during 2021-2025. Most products are slightly

above 10%, although some cases reach values up to approximately 38%.

Cannabis resin (**hashish**), however, is more potent, with increasing active ingredient concentrations: average values rose **from about 24% to over 30%**, with many samples around 30-33% and peaks exceeding 65%, indicating the presence of highly concentrated products.

For **heroin**, laboratory analyses show significant variability in active ingredient levels, although average concentrations remain relatively low. Average concentrations fluctuated significantly over time, from higher levels in 2022 (around 26%) to lower levels in subsequent years (down to about 7% in 2024), followed by a partial increase in 2025 (**11%**).

For **cocaine** samples analysed following wholesale-market seizures, average active ingredient concentrations generally ranged between 67% and **78%**, the latter level being reached in 2025.

Regarding the purity of **powder MDMA** samples analysed following wholesale-market seizures, the available 2025 information indicates an average purity level above **74%**, although with some variability (from 29% to 84%). **Ecstasy tablets**, by contrast, show lower and more uniform values, generally around **40-42%**.

Market characteristics and prices of psychoactive substances

The psychoactive market falls within the scope of the non-observed economy, particularly the illegal economy, which includes activities whose production or commercialization is prohibited by law, such as drug trafficking, prostitution, and cigarette smuggling. European statistical institutes produce specific estimates in order to include their value in national accounts. In line with Eurostat methodological guidelines, the Italian National Institute of Statistics (ISTAT)⁴ estimates the economic value of the market of psychoactive substances through an approach based on final consumption expenditure, combining information on quantities consumed and retail prices of different substances. Following the general revision of national accounts in September 2024, estimates were produced using updated information sources and limited methodological adjustments.

According to the most recent estimates, **in 2024⁵** final expenditure on psychoactive substances in Italy amounted to **€16.8 billion**. The largest share was attributable to **cannabis derivatives** (about 39%, equal to **€6.5 billion**), followed by **cocaine** (28%, **€4.6 billion**) and **heroin** (22%, **€3.7 billion**). Overall, expenditure remained broadly in line with previous years, as did the distribution among the main substances.



TABLE 1.II Estimated expenses for substance use in 2024

The Central Directorate for Antidrug Services (DCSA) annually estimates market prices for psychoactive substances based on data collected in 13 sample cities, distinguishing values according to the sales channel (wholesale trafficking or street dealing)⁶.

With reference to the **retail market**, average per-gram prices recorded during the first half of 2025 (latest available data) were €10.65 for hashish, €9.23 for marijuana, €41.99 for brown heroin, €55.53 for white heroin, €76.56 for cocaine. Average prices per individual dose were: €20.85 for ecstasy, €19.20 for amphetamines, €28.15 for methamphetamines, €22.72 for LSD.

Compared with 2024, the first half of 2025 saw a reduction in retail prices for amphetamines, marijuana, ecstasy, methamphetamines, and LSD, while heroin prices – both brown and white – increased. Hashish and cocaine prices remained substantially stable. Among substances introduced into monitoring from 2024 onward, crack prices increased (€59.00 per gram; +16%), the price of shaboo fell by almost 5% to €210 per gram, gamma-butyrolactone (GBL) remained stable at €12.50 per litre.

For the **wholesale drug market**, average prices recorded during the first half of 2025 reached €3,519 per kilogram for hashish, €2,749 per kilogram for marijuana, €31,800 per kilogram for white heroin (diacetylmorphine

⁴Source: National Institute of Statistics (ISTAT) - Department for Statistics Production - Central Directorate for National Accounts - Final Demand Services, Labour and Capital Inputs, and Environmental Accounts - CNB
⁵Preliminary data
⁶Source: Ministry of Interior - Central Directorate for Antidrug Services (DCSA)

hydrochloride), €22,250 per kilogram for brown heroin (diamorphine base), €36,756 per kilogram for cocaine, for synthetic substances, average prices per 1,000 doses were €14,771 for methamphetamines, €7,813 for amphetamines, €7,392 for ecstasy.

During the first half of 2025, there was a generalized increase in prices for all substances considered, with particularly significant increases for hashish (+25%), marijuana (+11%), and brown heroin (+10%). Cocaine, while remaining below the €37,000-38,000 per kilogram levels recorded before 2024, continued to be the most expensive substance and showed an increase of nearly 3% compared to 2024, when it had undergone a significant decline. Among other stimulant substances, the price

per 1,000 doses of amphetamine remained stable, while ecstasy increased by 3% and methamphetamine by 6%.

As for substances first monitored in 2024, the first half of 2025 showed marked increases for ketamine (€8,330; +19%) and GBL (€450 per litre; +28%), while the price of crack decreased from €32,000 to just over €27,000 per kilogram.



TABLE 1.II Average market price of dealing and trafficking in 2025

National Early Warning System on Drugs and Update of Ministerial Tables

The **National Early Warning System on Drugs** (NEWS-D – National Early Warning System)⁷ aims to detect phenomena that may pose a risk to public health, connected both to new psychoactive substances (NPS) present at national, European, and international level, and to new methods of consumption and/or the presence of adulterants, harmful additives, or other substances with pharmacological activity affecting psychotropic substances already included in the Tables of Presidential Decree No. 309/1990. The monitoring activity carried out by NEWS-D seeks to facilitate the activation of rapid response interventions through the timely and active involvement of institutions and facilities responsible for protecting and promoting consumers' health.

In 2025, the System **recorded 530 incoming reports** (+21% compared with 2024). Of these: 303 were submitted by law enforcement agencies, 155 by Collaborative Centres (particularly clinical and forensic toxicology units and Poison Control Centres), 71 by the European Union Drug Agency (EUDA). Approximately 30% of the reports received from EUDA concerned informational documents of particular relevance for public health and social risk, such as the spread of nitazene opioids, including counterfeit medicines or heroin adulterants, some of which were responsible for intoxications in the United Kingdom and deaths in Finland, Austria, and Germany, as well as intoxication cases associated with the consumption of flowers, food products, and electronic cigarettes containing synthetic or semi-synthetic cannabinoids. In addition, one report was received from the Drug

Enforcement Administration (DEA – United States Federal Antidrug Agency) regarding the use of medetomidine and dexmedetomidine as substitutes for xylazine in illicit opioid mixtures.

In **2025, NEWS-D identified 92 NPS circulating within the national territory** (+16% compared with 2024). These substances mainly belonged to the classes of synthetic and semi-synthetic cannabinoids (30%), synthetic cathinones (17%), arylcyclohexylamines (10%), phenethylamines (9%), synthetic opioids (9%). Approximately 29% of the incoming reports from Italy concerned classic drugs already included in the schedules of the Consolidated Law on Narcotic Drugs (Presidential Decree No. 309/1990), such as delta-9-THC, MDMA (ecstasy), heroin, cocaine, amphetamine, methamphetamine, LSD, psilocin, and GBL.



TABLE 1.I New psychoactive substances identified

Reports originating from the EUDA addressed a total of **50 new psychoactive substances reported for the first time in Europe**, belonging to the classes of semi-synthetic cannabinoids (16), synthetic cannabinoids (11), synthetic opioids (7), synthetic cathinones (4), benzodiazepines (2), phenethylamines (1), arylcyclohexylamines (1), other substances (8). Among these, the synthetic cannabinoid

⁷Source: National Institute of Health (ISS) - National Centre for Addictions and Doping

EDMB-4en-PINACA and the semi-synthetic cannabinoid CC9 were identified in Italy respectively in a seizure carried out by law enforcement agencies and in an intoxication case reported by the Poison Control Centre of Pavia.

In 2025, among the 73 communications produced by NEWS-D and addressed to the Collaborative Centres (outputs), 12 consisted of information notices from law enforcement agencies concerning 82 new psychoactive substances circulating within the national territory, most of them belonging to the classes of synthetic cannabinoids (28) and synthetic cathinones (16).

The outputs also included **17 Alerts** (urgent notices requiring coordinated action to activate appropriate response procedures): 3 Level I Alerts, 11 Level II Alerts, 3 Level III Alerts.

Level II Alerts reported information on **92 cases of acute intoxication** (+16% compared with 2024) occurring in Italy **and associated with NPS use**. Intoxications related to the synthetic cathinone MDPHP (36 cases) and the arylcyclohexylamine ketamine (28 cases) accounted for 67% of all NPS-related intoxications. Importantly, in 63% of reported cases, intoxications involved polysubstance use, with the simultaneous consumption of two or more substances. Alongside the primary NPS involved, THC and alcohol were also frequently detected. This combined-use pattern represents an additional risk factor for acute adverse effects and complicates therapeutic management while increasing the unpredictability of the toxicological profile.

As part of the activities envisaged under the “National Prevention Plan against the Misuse of Fentanyl and Other Synthetic Opioids”, launched in March 2024 by

the Presidency of the Council of Ministers, NEWS-D coordinated the collection, analysis, and dissemination across the national network of 17 informational documents concerning the detection of fentanyl and other synthetic opioids in Italy. The reports documented several seizures of synthetic opioids (6 documents), including cases involving fentanyl- and oxycodone-based pharmaceutical products diverted from legal distribution channels (1 document) and subsequently introduced into the illicit market, as well as the discovery of a counterfeit medicine labelled as oxycodone but containing the nitazene opioid metonitazene (1 document).

From a clinical-toxicological perspective, seven cases of acute intoxication associated with synthetic opioids such as methadone, fentanyl, oxycodone, and tramadol were reported (3 documents). Furthermore, two intoxication cases were identified for the first time in Italy involving respectively a nitazene opioid (N-desethyl-isotonitazene) (1 document), an opioid belonging to the orphine class (cyclorphine) (1 document).

In addition, five deaths associated with fentanyl consumption, either alone or in combination with other substances, were reported (3 documents). Within the same context, the nitazene opioid protonitazepine was identified for the first time in Italy in a fatality case (1 document).



Presidential Decree No.309 of 9 October 1990 (Consolidated Law on Narcotic Drugs and Psychotropic Substances) establishes that the Ministry of Health, after consulting the Istituto Superiore di Sanità and the Higher Health Council, is responsible for **updating the**

Tables of psychoactive and psychotropic substances on the basis of available scientific evidence and in compliance with international drug conventions. This activity plays a strategic role in combating the spread of New Psychoactive Substances (NPS) and, more generally, in protecting public health, given the risks associated with the illicit circulation of psychoactive substances on national and international markets⁸.

In **2025**, the National Early Warning System on Drugs transmitted 73 reports concerning various psychoactive substances, **40** of which were not yet **included in the ministerial Tables**. These substances were subsequently subject to regulatory updates through 8 ministerial decrees: most were included in the Table of Medicinal Products – Section A (81%), 17% in Table IV, 2% in Table I.

Among the substances, most **prevalent are synthetic or semi-synthetic cannabinoids** (10), **cathinones** (10), **opioids** (8), **benzodiazepines** (6), six additional substances belonging to other categories. The updating of the Tables was primarily driven by reports of substance seizures in Europe (34 cases) and Italy (4 cases), as well as by direct initiatives of the Central Narcotics Office (2 cases).



TABLE 1.I New psychoactive substances identified

⁸Source: Ministry of Health Directorate General for Digitalization, Health Information System and Statistics - former Directorate General for Medical Devices and Pharmaceutical Service - Central Narcotics Office

Antidrug operations and quantities seized in 2025

Cannabis

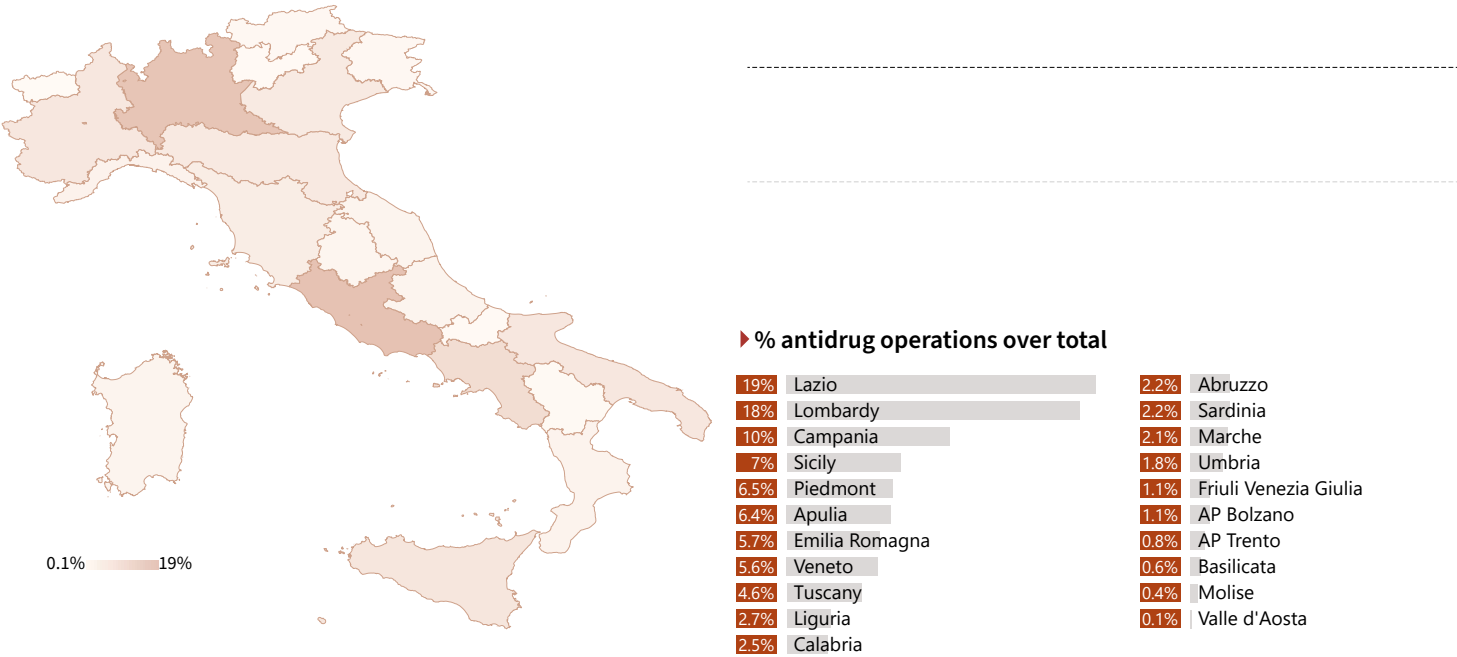
Cocaine/crack

Heroin/other opiates

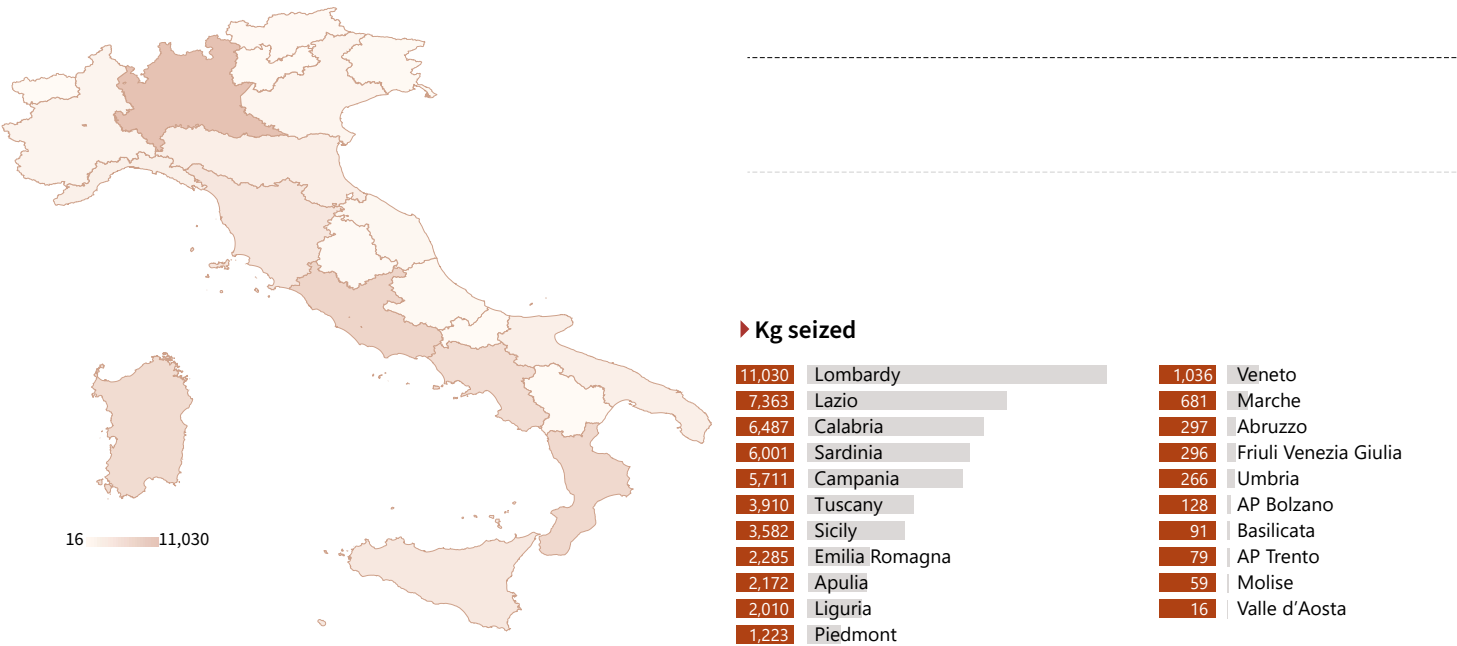
All

None

% antidrug operations over total and by substance 20,692



Kg seized and % over total by substance 55,396



Consumption of illicit psychoactive substances among young people

In 2025, more than 950,000 students aged 15-19 (39%) reported having used **at least one illegal psychoactive substance** in their lifetime, while **640,000 (26%)** had done so in the previous year¹. The phenomenon affects males (30%) more than females (22%). After a decline observed between 2022 and 2024, the trend appears to be rising again, mainly due to the increased diffusion of stimulants, cocaine, new psychoactive substances (NPS), and opiates/opioids. In fact, in 2025 the indicator describing the use of illegal substances other than cannabis showed an increase of approximately 3-4 percentage points across all consumption indicators (use in lifetime, in the past year, and in the past month).



TABLE 2.1 Students who have used at least one illicit psychoactive substance

Cannabis remains the most widely used psychoactive substance: almost 600,000 students (24%) have tried it at least once in their lifetime, slightly under **450,000 (18%)** reported use in the past year, and approximately 56,000 (2.3%) reported frequent use (20 times or more in the past month). Prevalence increases with age and is higher among male students. Six out of ten users first consumed cannabis between the ages of 15 and 17, while 34% did so at age 14 or younger. Compared with 2024, data shows a decrease in use initiation below age 17, alongside an increase in initiation after reaching adulthood. The

percentage of users reporting use at least once during lifetime, at least once in the past-year, or in the past-month continued to decline, with a reduction exceeding 2 percentage points. Students reporting frequent use of cannabis (20 times or more per month) also declined, although to a lesser extent.

More than 250,000 students (10%) had used at least one **New Psychoactive Substance (NPS)** during their lifetime, and **140,000 (5.7%)** had done so during 2025. During the past year, the most common NPS were synthetic cannabinoids (3.6%), synthetic opioids (1.6%), and ketamine (1.2%). Use increased with age, with the highest prevalence being among 18-year-olds. Males exhibit higher consumption levels than females, with a distinct exception regarding synthetic opioids, for which the gender gap narrows significantly. Furthermore, with the exception of synthetic cannabinoids – which showed only a slight increase – past-year consumption rates have risen sharply

Nearly 160,000 students (6.3%) reported using **stimulants** (amphetamines, ecstasy, GHB, MD, and MDMA) at least once in their lifetime; **67,000 (2.7%)** had used them in the past year, and almost 29,000 (1.2%) had used them at least 10 times in the previous 30 days. Past-year use mainly involved males, particularly after reaching adulthood. Fifty-six percent of users first used between the ages of 15 and 17, while 31% started before age 15, a slightly lower percentage than in 2024. After the decrease recorded for the previous year, prevalence rates returned to levels comparable with 2023, except for frequent use (10 or more

¹Source: The ESPAD®Italia 2025 Study - National Research Council - Institute of Clinical Physiology

times per month), which has reached the highest level ever recorded.

4.6% of students, corresponding to approximately 110,000 individuals, reported the use of **hallucinogens** at least once in a lifetime almost **48,000 (1.9%)** reported use in the past year and just over 16,000 (0.7%) reported use 10 or more times in the past month. Among minors, the prevalence remained stable at around 1.7% but increased to 2.3% among 18 to 19-year-olds. While use was predominant among males, its prevalence was higher among females at ages 17 and 19. Most users (57%) reported having used hallucinogens for the first time between the ages of 15 and 17, while less than one-third (30%) by age of 14 – decreasing compared to 2024. Even with regard to the widespread use of hallucinogens, after the decline observed in 2024, prevalence rates have returned to values similar to those recorded in 2023, with a slight increase in frequent use.

3.4% of students, corresponding to around 85,000 individuals, reported the use of **cocaine** at least once in a lifetime by; over **46,000 (1.9%)** had used it in 2025, and 23,000 (0.9%) had used it at least 10 times in the previous month. Use remained below 2% among minors but increased steadily with age, reaching the highest prevalence among 19-year-olds. Prevalence rates were higher among males at all ages, although the gap was smaller among 17-year-olds. Forty-eight percent initiated use between the ages of 15 and 17, while 41% did so at age 14 or younger (consistently with the previous two-year period). Overall, the use of cocaine has followed an upward trend, with all indicators rising by approximately half a percentage point compared with 2024.

More than 70,000 students (2.9%) have used **opiates** at

least once in a lifetime; almost **38,000 (1.5%)** had used them during 2025, and approximately 13,000 (0.5%) had used them 10 times or more during the month in which they participated in the study. Age-specific data shows an unusual pattern, with a peak among 17-year-olds (1.3%), identifying this age group as particularly at risk. Use was more widespread among males, with the difference being most pronounced among 18-year-olds. Nearly 60% first used opiates between the ages of 15 and 17, one-third started by the age of 14 (declining compared to the year). Overall, the use of opiates has increased compared with previous years.

Almost **47,000** students (**1.9%**) reported consuming **substances without knowing their nature or effects**, with no significant gender differences. Most of them (57%) had done so no more than twice in their lifetime, whereas 23% (mainly males) had engaged in this behaviour at least 10 times. Furthermore, 70% of students who used unknown substances stated that they were unaware of the possible effects of the substances consumed. In most cases, the unknown substances were in the form of pills or liquids – each of these reported by about one-third of users.



TABLE 2.II Prevalence of illegal psychoactive substance use among students aged 15-19 in 2025

A total of **6.9%** of students (almost **170,000 individuals**) had used **more than one illegal psychoactive substance** in 2025, and among them, more than half (3.9%) had used up to two substances. The substances most frequently

used among polysubstance users were cannabis (81%) and NPS (70%), particularly synthetic cannabis (50%), followed by inhalants/solvents (38%), stimulants (34%), hallucinogens (27%), and cocaine (26%). This group showed markedly higher levels of risky behaviours – including episodes of violence (such as hitting a teacher or using a weapon), vandalism, problems with law enforcement, theft, and property damage – as well as higher levels of alcohol consumption, including **binge drinking** and **drunkenness**, and the **non-medical use of prescription drugs**.

Overall, about half of students **perceived a high level of risk** associated with psychoactive substance use. Opiates and cocaine/crack were considered as risky substances by the largest proportion of students (57%), followed by all other categories of substances. Regular cannabis use was considered very risky by 50% of students, whereas occasional use was perceived as very risky by 29%. Female students reported greater perception of risks associated with substance use, whereas among substance users themselves, risk perception was consistently lower.



TABLE 2.I Risky behaviour and % distribution among No use, exclusive use, poly-use

Cannabis was perceived as the most **accessible** substance with 32% of students claiming it to be easily accessible. Perception on ease of accessibility decreased to 9.3% for cocaine, 7% for hallucinogens, 6.3% for stimulants, and 3.8% for opiates. As the main venues for obtaining substances, over 60% of students indicated streets and outdoor places, while 17% indicated the web. These percentages changed significantly when accessibility was analysed among users: the perception on ease of accessibility to cannabis doubled (70%) while increasing more substantially for substances such as cocaine (48%), hallucinogens (62%), stimulants (34%), and opiates (34%).



TABLE 2.I Perception of risk and access to psychoactive substances

Family relationships based on trust, dialogue, and support, alongside a positive perception of oneself and one's own relationships, were associated with lower frequencies of substance use behaviours. Active parental involvement – intended as active monitoring combined with emotional support rather than mere control – emerged as an important protective factor, particularly against poly-substance use.

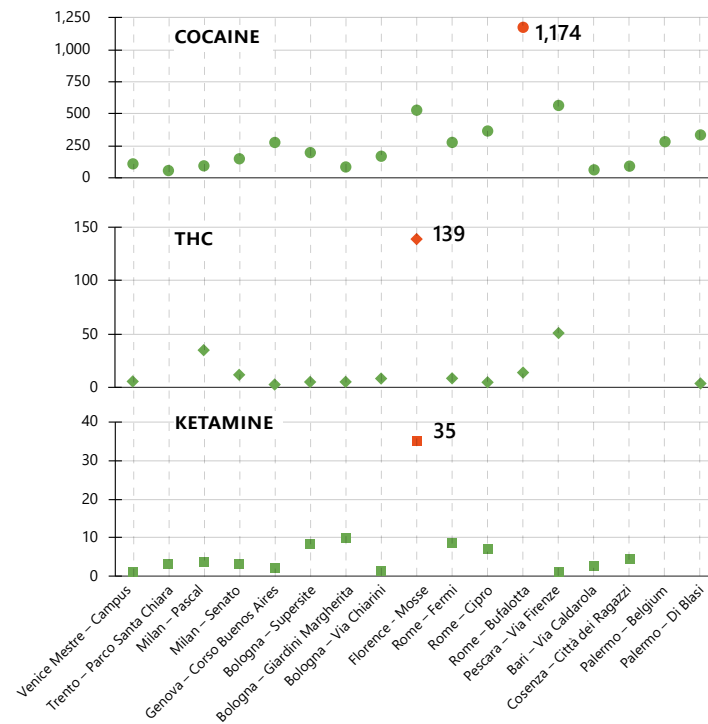
Table 2.I Consumption of psychoactive substances in 2025

Analysis of psychotropic substances in PM10 atmospheric aerosol¹

► Positive samples

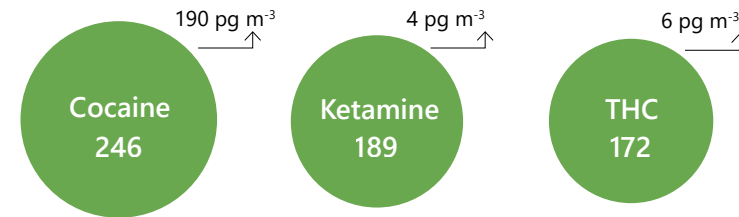
	Cocaine	THC	Ketamine	Analysed
Venice Mestre – Campus	14	11	9	14
Trento – Parco Santa Chiara	15	5	13	15
Milan – Pascal	16	16	16	16
Milan – Senato	16	11	14	16
Genova – Corso Buenos Aires	12	12	11	12
Bologna – Supersite	16	16	16	16
Bologna – Giardini Margherita	8	8	8	8
Bologna – Via Chiarini	16	16	9	16
Florence – Mosse	16	15	16	16
Rome – Fermi	16	10	16	16
Rome – Cipro	15	10	15	15
Rome – Bufalotta	15	15	7	15
Pescara – Via Firenze	16	16	8	16
Bari – Via Caldarola	16	2	9	16
Cosenza – Città dei Ragazzi	16	0	13	16
Palermo – Belgium	13	4	6	13
Palermo – Di Blasi	10	5	3	10

► Concentrations (pg m⁻³)

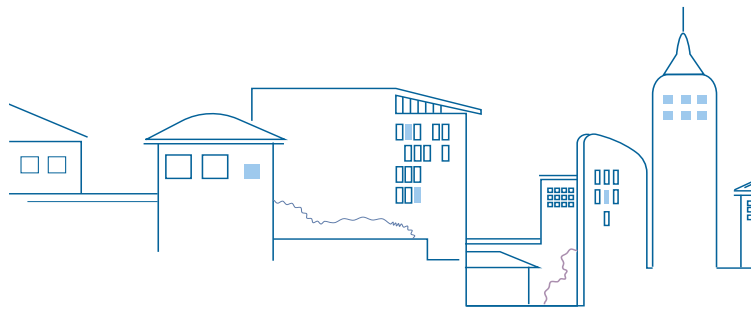
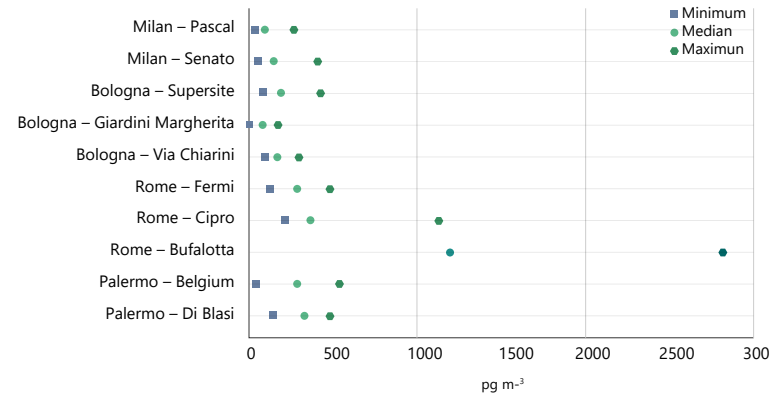


1. PSICO project - University Ca' Foscari of Venice - Department of Environmental Sciences, Computer Science and Statistics; National Research Council - Institute of Polar Sciences

TOTAL POSITIVE SAMPLES

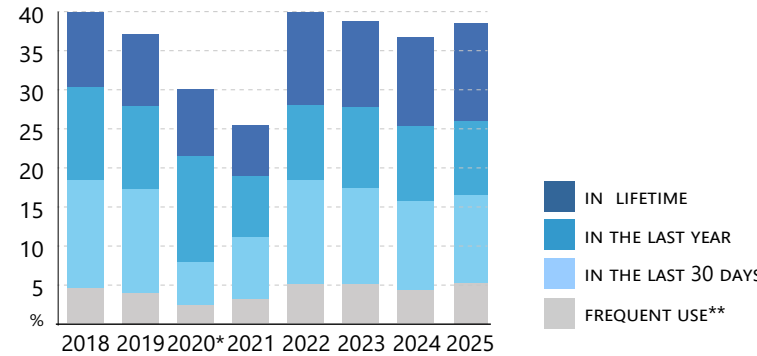


► Cocaine concentrations in PM10 across urban areas with multiple monitoring stations



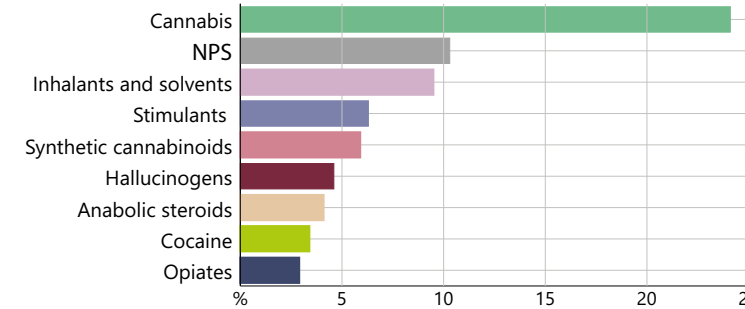
Students who have used at least one illicit psychoactive substances²

► Temporal trend

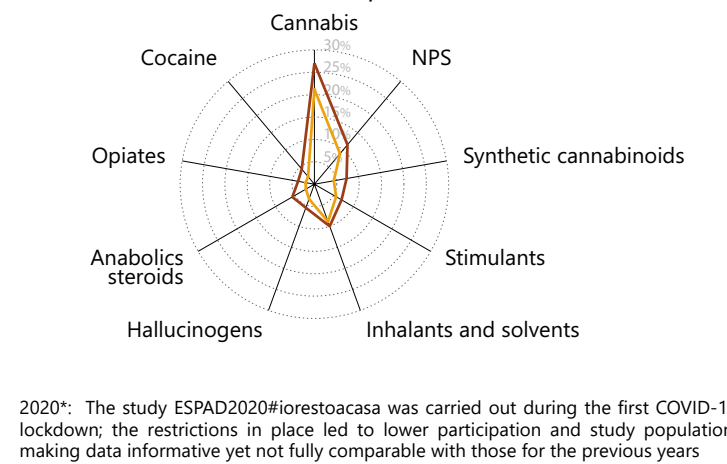


**Frequent use: during the month, use of cannabis over 20 times and drunkenness over 10 times

► Psychoactive substance use in lifetime

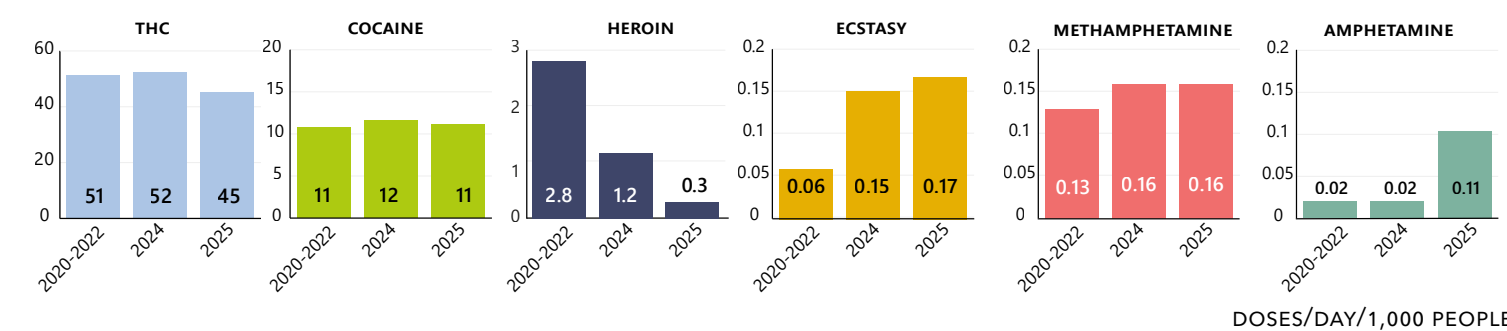


PREVALENCE STRATIFIED BY SEX, M/F

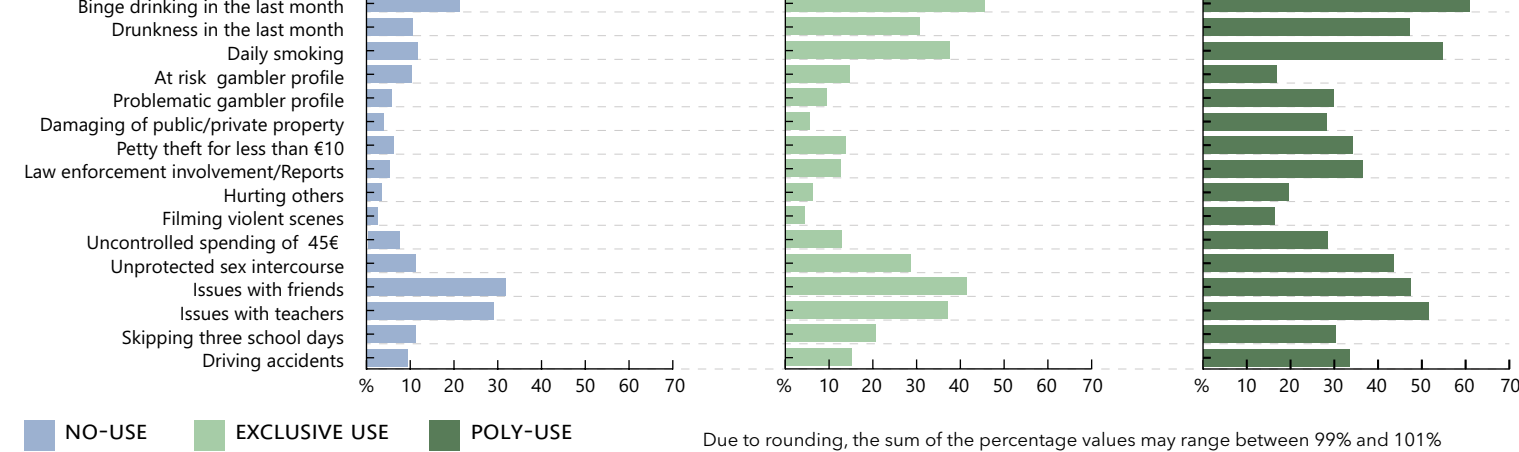


Estimated psychoactive substance consumption through wastewater analysis³

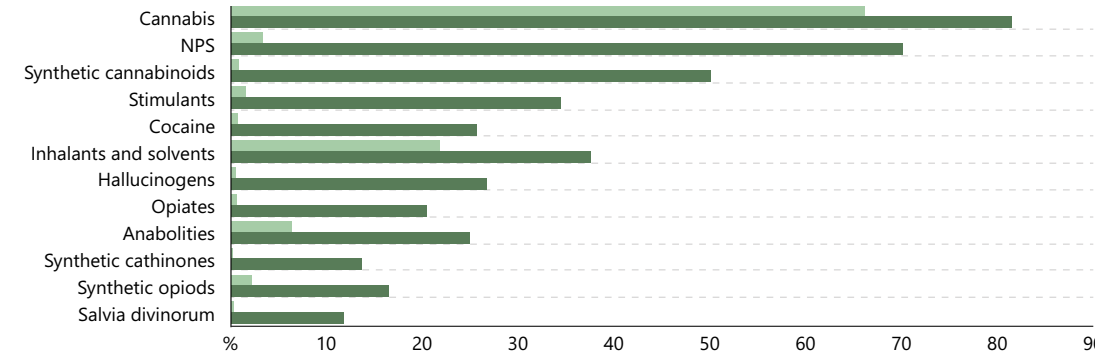
► National average use in milligrams or doses per day per 1,000 people



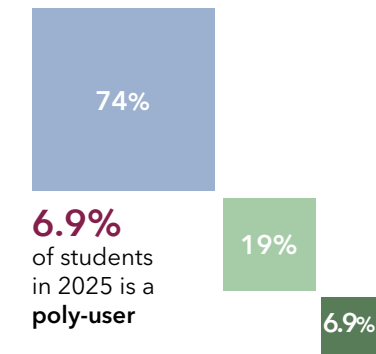
► Risky behaviour and % distribution among no-use, exclusive use, poly-use



Substances used among users: exclusive use and poly-use

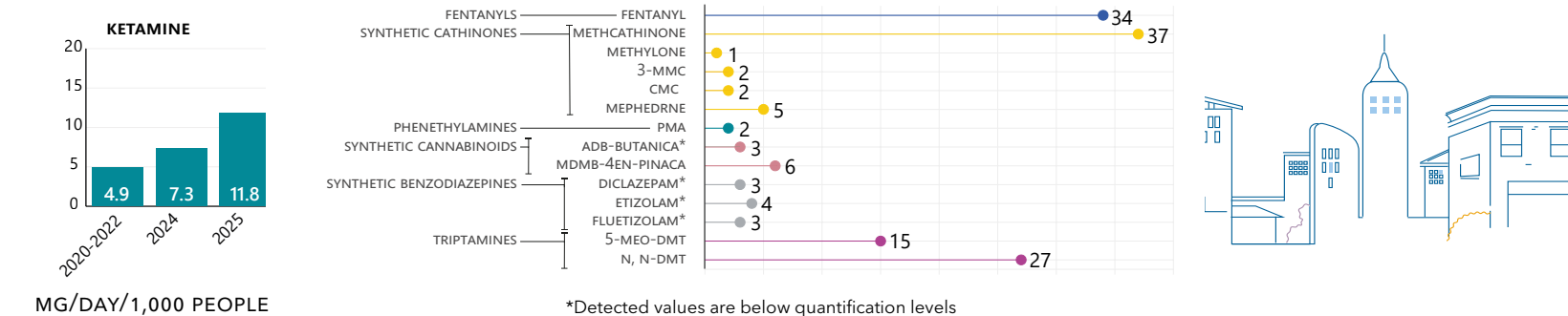


► Poly-use in the past year



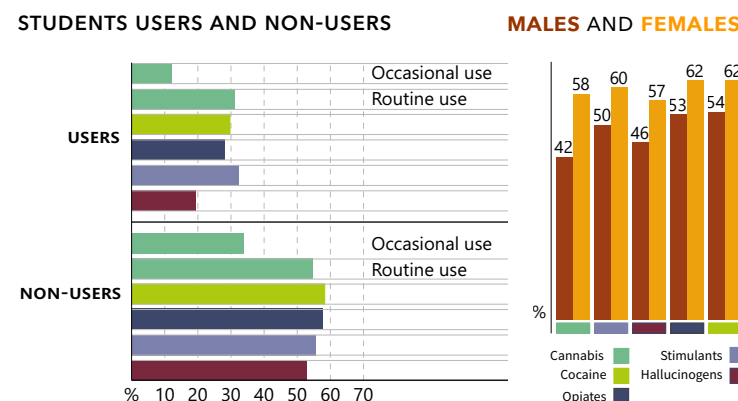
2. The ESPAD[®]Italia Study. National Research Council - Institute of Clinical Physiology
3. Wastewater study 2023 - Mario Negri Research Institute - IRCCS

► No. cities in which the presence of NPS was detected, out of a total of 38 cities

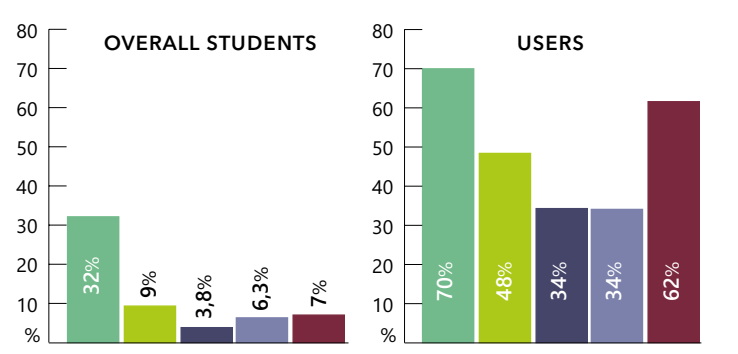


Perception of risk and access to psychoactive sustances²

► % students with high perception of risk



► % overall students and users who believe psychoactive substances are easy to obtain



► % user students who know where to obtain a psychoactive substance

	Cannabis	Cocaine	Opiates	Stimulants	Hallucinogens	Synthetic cannabinoids
On the street or outdoors	65%	54%	27%	47%	44%	66%
At school	32%	32%	18%	26%	20%	29%
At a friend's home	36%	42%	25%	41%	22%	27%
At a dance club/ at a coffee shop	27%	34%	21%	31%	22%	29%
From a dealer	64%	54%	32%	51%	42%	52%
Via Internet	17%	18%	20%	30%	21%	22%
Public events	18%	17%	15%	29%	22%	21%
At one's home	5.7%	16%	31%	19%	10%	7%

Use of psychoactive substances estimated through the analyses of urban wastewater

The methodology “Wastewater-Based Epidemiology” (WBE) is used to monitor the use of the main illicit substances within the Italian population and to detect the emergence of new psychoactive substances (NPS). It is based on the analysis of metabolic residues of substances in urban wastewater flowing into treatment plants and makes it possible to estimate which substances, and in what quantities, are being consumed overall by the population served by the monitored treatment facilities. In 2025, the monitoring activity through the “Wastewater 2023”² framework involved 38 Italian cities from March to May 2025.

Measurement of “major” psychoactive substances³

The average use nationwide, expressed as doses per 1,000 people per day, showed a **decrease for cannabis** (approximately 45 doses/day/1,000 people compared to 51-52 in previous years) and **heroin** (0.3 doses/day/1,000 people). Conversely, it remained **stable for cocaine** (approximately 11 doses/day/1,000 people) and **methamphetamine** (approximately 0.16 doses/day/1,000 people). A **progressive increase was observed in the use of ecstasy** (from 0.06 to 0.17 doses/day/1,000 people), and for the first time in use of **amphetamine** as well (from 0.02 to 0.11 doses/day/1,000 people).

Cannabis remained the most widely used substance in 2025, with consumption levels ranging from 10 doses

in Vibo Valentia to 97-98 doses in Bologna and Turin. Comparison with data from previous years (2020-2022 and 2024) showed increases in consumption across some cities including Bari, Turin, and Trapani, while a general decline was observed in several other cities including Ancona, Catanzaro, Perugia, Potenza, Trento, Olbia, Parma, Pescara, and Salerno. Consumption remained stable in the remaining cities.

Cocaine was the second most commonly detected substance. Consumption levels were also highly variable, ranging from 2-3 doses in Vibo Valentia, Trapani, and Salerno to 27 doses in Venice. Comparison with 2024 data reveals increases in consumption in cities such as Campobasso, Catanzaro, Genoa, L'Aquila, Rome, Venice, and Biella, with Biella showing a marked increase of approximately four doses. Conversely, decreases were observed in Perugia, Belluno, Olbia, Pescara, Salerno, and Trapani, while consumption remained mostly stable in the other monitored cities.

Heroin consumption appeared to decline in all monitored cities and was substantially lower than in previous years. Consumption levels were consistently below 1 dose/day/1,000 people, whereas compared to 8 doses between 2020-2022. As in previous studies, the highest levels were found in cities of central Italy, mainly Terni (0.98 doses) and Florence (0.8 doses).

This trend was confirmed by the monitoring of methadone

included in the study, which showed a decrease in overall consumption, from 1.84 doses/day/1,000 inhabitants in 2024 to 1.31 doses/day/1,000 inhabitants in 2025. In some cities methadone use was reduced by 50% compared to the previous period, as observed for example in Perugia (from 1.8 doses/day/1,000 inhabitants to 0.9) and Ancona (from 1.3 doses/day/1,000 inhabitants to 0.7).

Ecstasy use remained considerably lower overall, although slightly increasing, with the highest rates observed in Milan, Genoa, and Bologna. The most significant increases were recorded in Genoa, Turin, Montichiari, Merano, and Terni. The largest spread of **methamphetamine** was detected in regional capitals such as Rome, Cagliari, and Milan. Comparison with 2024 data showed increased consumption in Cagliari, Rome, Biella, Lucca, Merano, and Rimini, and decreased consumption in Bologna, Perugia, Venice, Parma, and Terni. Noteworthy is the use of **amphetamine** which, despite its low levels, is being detected in an increasing number of cities. In 2024 it was identified in four cities, whereas in 2025 it was detected in 13 regional capitals and 10 additional investigated cities. The highest consumption levels were found in Merano (0.41 doses), Trento (0.32 doses), and Bologna and Milan (0.28 doses each).

Ketamine

The 2024 study included monitoring of ketamine (an anaesthetic drug increasingly being used for recreation across Europe in recent years) and two of its main metabolites (norketamine and dehydro-norketamine), in order to better discriminate between uptake and direct disposal of the substance. The increase in use has also been observed in Italy as well, with a national average

in 2025 of 11.8 mg/day/1,000 people, compared with an average use of 7.3 mg in the previous study (2024).



TABLE 2.1 Estimated psychoactive substance consumption through wastewater analysis

Measurement of New Psychoactive Substances (NPS)⁴

Overall, 60 substances (NPS and their metabolites) belonging to seven different classes, and including synthetic opioids, tryptamines, and synthetic cathinones, have been monitored.

NPS have been detected in wastewater from all cities included in the study. In general, consumption levels were very low and comparable to the lower range of methamphetamine and ecstasy consumption (a few mg/day/1,000 people).

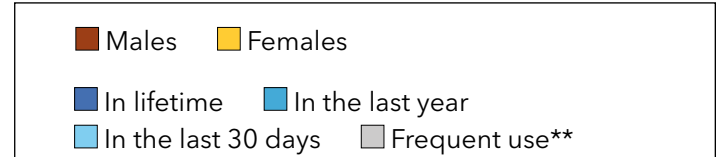
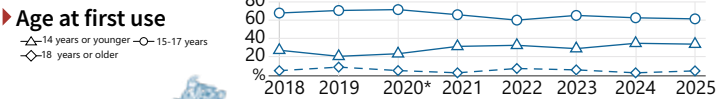
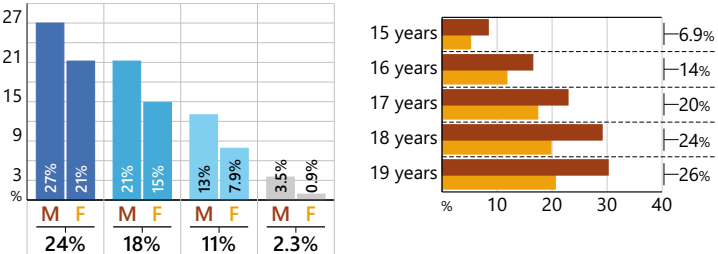
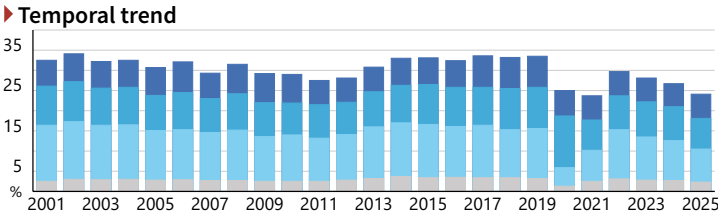
The most commonly detected substance across the vast majority of investigated cities was confirmed to be **methcathinone**, found in quantities of up to 1.4 mg. Use patterns showed no differences between weekday and weekend consumption, perhaps due to its potential derivation from pseudoephedrine metabolism. **3-MMC** showed a marked decrease, being observed only in two cities, compared to 17 cities in 2024, and in lower quantities (maximum concentration in 2024=4.75 mg; in 2025=0.24 mg).

²Source: Mario Negri Institute for Pharmacological Research - IRCCS
³The “major” psychoactive substances object of study are: cocaine, amphetamine, ecstasy, methamphetamine, heroin, and cannabis

⁴The list of NPS defined as priorities at the European level included in the study are: ketamine, synthetic opioids, including fentanyl, cathinones, phenethylamines, and tryptamines

Table 2.II Prevalence of illegal psychoactive substance use among students aged 15-19 in 2025

Cannabis

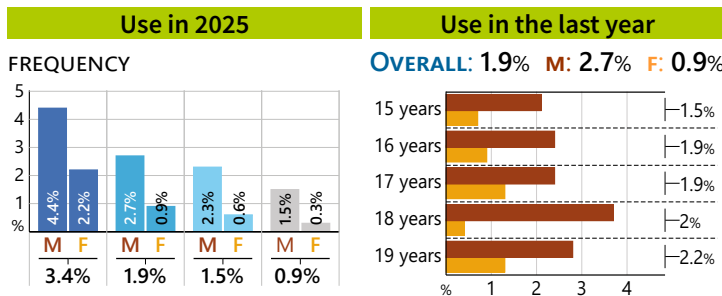
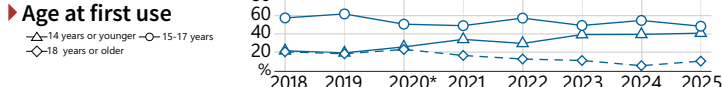
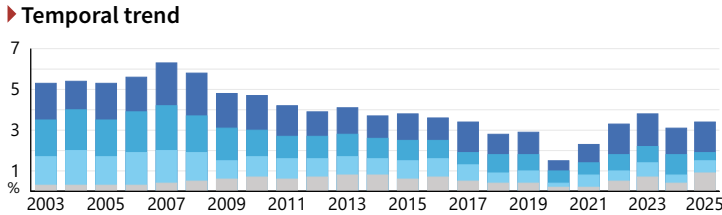


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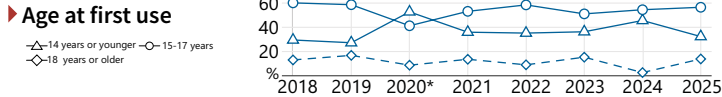
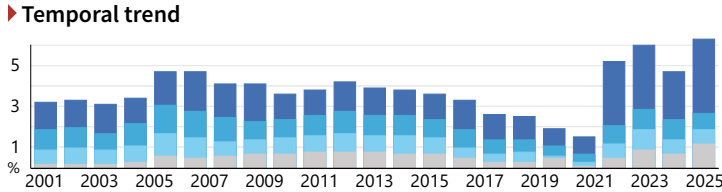
**Frequent use: more than 20 uses in the past month for cannabis and more than 10 uses for other substances

2020*: The study ESPAD2020#iorestoacasa was carried out during the first COVID-19 lockdown; the restrictions in place led to lower participation and study population, making data informative yet not fully comparable with those for the previous years

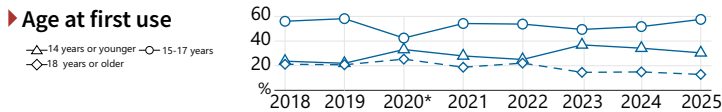
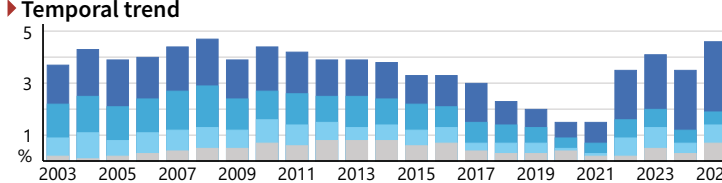
Cocaine



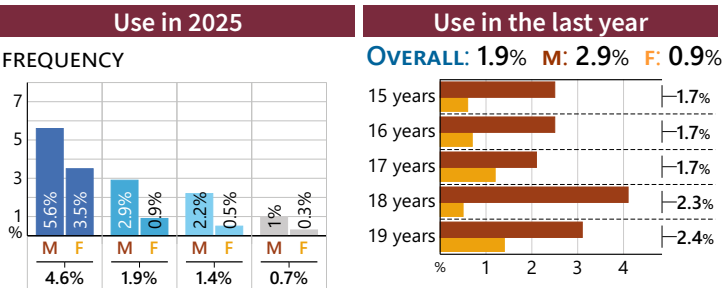
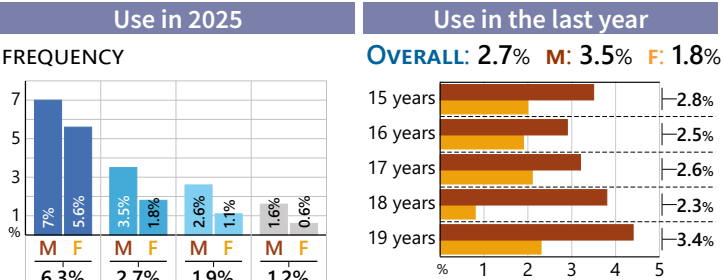
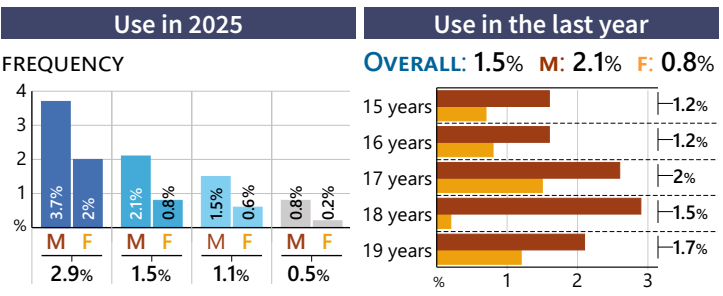
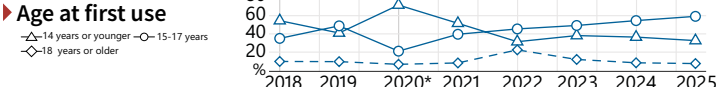
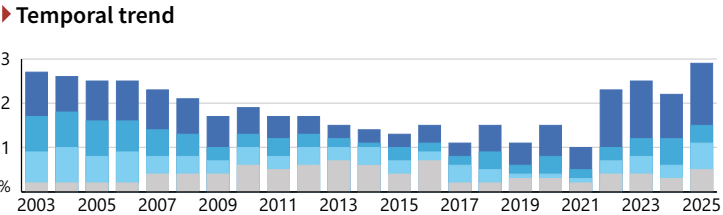
Stimulants



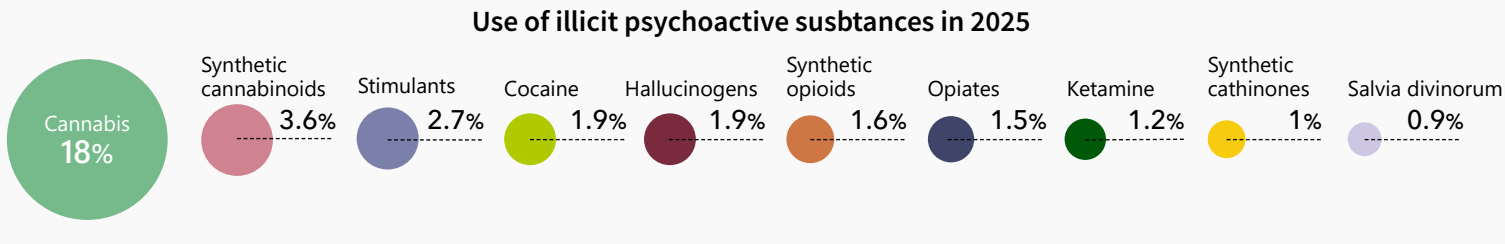
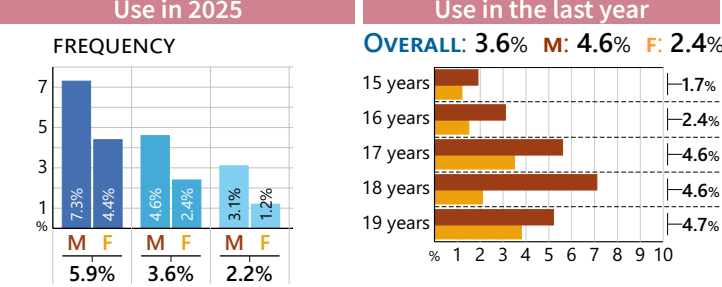
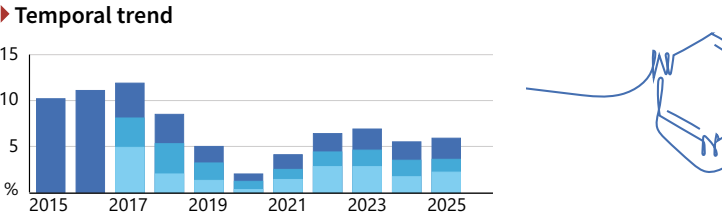
Hallucinogens



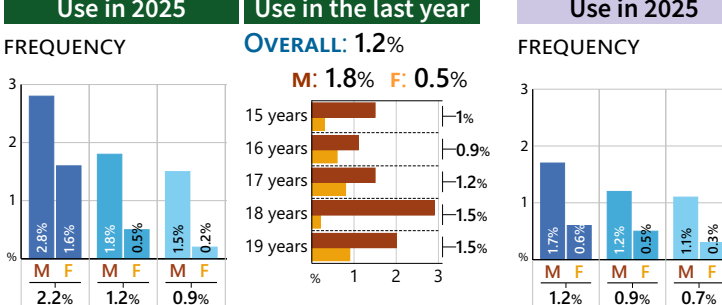
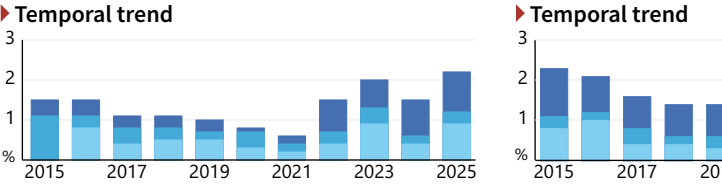
Opiates



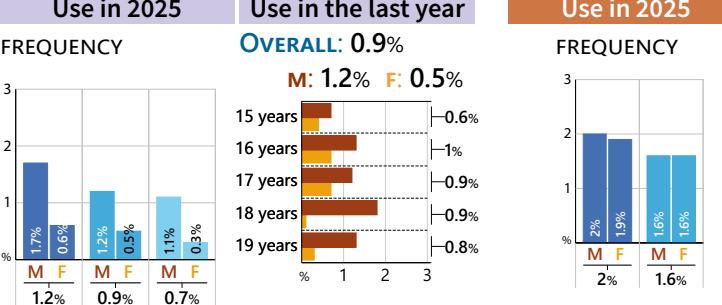
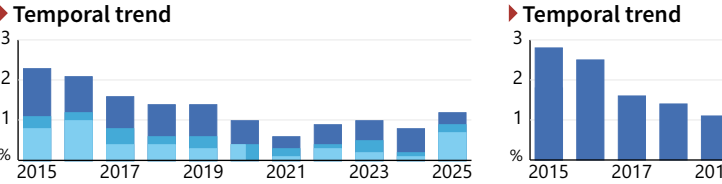
Synthetic cannabinoids



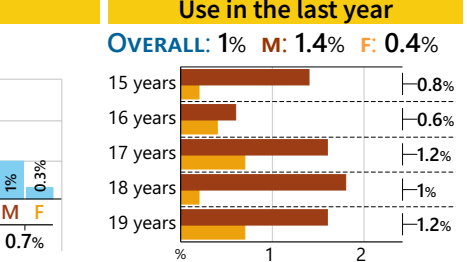
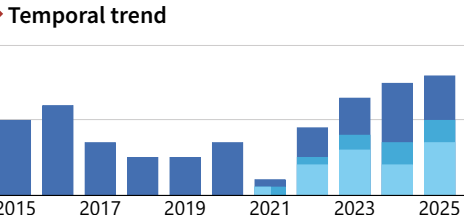
Ketamine



Salvia divinorum



Synthetic cathinones



In 2025, there was the detection of two substances that had not been detected in 2024: **mephedrone** and methylone, the former which was found in five cities and the latter in one city.

Conversely, N-ethylpentylone, which had been identified in one city in 2024, was no longer detected in 2025. Finally, CMC was identified in only two cities in 2025. For these substances, a generally higher pattern of consumption is observed during weekends compared to the other days of the week.

The results confirm the variability of the market and use of NPS, with some substances disappearing and reappearing over the years, as in the case of phenethylamine PMA which was detected in two cities in 2025 after several years of absence.

As for the presence of **tryptamines**, N,N-DMT and 5-MeO-DMT were detected in 27 and 15 cities, with maximum levels reaching 2.08 mg and 4.32 mg, respectively. Tryptamine loads detected in 2025 were higher than those

observed in 2024 (0.4 mg and 0.5 mg, respectively).

In 2025, synthetic cannabinoids and synthetic benzodiazepines were detected for the first time. Although they were mostly present only in trace amounts below the limit of quantification, their detection may indicate an increasing spread in the use of these substances.

Fentanyl was detected in 34 cities, with a maximum load of 0.68 mg in Florence. No fentanyl analogues or other synthetic opioids were detected in the wastewater. This suggests that the recreational use of these substances is currently limited and that the detected fentanyl may be attributable to therapeutic use.



TABLE 2.1 Estimated psychoactive substance consumption through wastewater analysis

Analysis of psychotropic substances in PM10 atmospheric aerosol in Italian urban centres

The monitoring of psychotropic substances in atmospheric PM10 particulate matter represents an additional analytical tool for monitoring psychoactive substance use across the national territory. This activity is part of the **PSICO Project** (Presence of Illicit Substances in Urban Aerosols as a possible marker for Consumption and Trafficking)⁵, developed through collaboration between the Department of Environmental Sciences, Informatics and Statistics of the University of Ca’ Foscari Venice, the Institute of Polar Sciences of the National Research Council (CNR), and the Department of policies against drugs and other addictions of the Presidency of the Council of Ministers. The initiative also involved the Carabinieri Corps - Scientific Investigation Department (RIS) of Parma and 10 Regional and Provincial Environmental Protection Agencies (ARPA/APPA).

The atmosphere is a complex environmental matrix composed of a gaseous phase and a suspended particulate phase, known as atmospheric aerosol or particulate matter (PM), which acts as a collector of specific molecules called markers. Through the analysis of daily PM10 samples, this methodology yields a detailed 24-hour snapshot of use dynamics. The approach can highlight significant differences in terms of space, depending on the specific sampling areas, and time, identifying potential geographical “hotspots.”

The first monitoring campaign, launched in spring 2025 and ended in winter 2025-2026, involved 17 sites distributed across 10 urban centres selected according

to rigorous technical protocols. The sites were selected as representative of broad urban areas, away from drug dealing areas and high criminal activity, and that could yield at least 20 monthly samples. Analysis of 246 samples revealed the widespread presence of several psychotropic substances.

Among the markers investigated, **cocaine** was the **most pervasive** substance as it was detected in 100% of the samples analysed, with a national median concentration of 190 pg m⁻³. Following, ketamine, identified in 77% of samples with a median concentration of 4 pg m⁻³, and Δ9-tetrahydrocannabinol (Δ9-THC), present in 70% of cases with a national median concentration of 6 pg m⁻³. Cannabidiol was never detected throughout the entire investigation period.

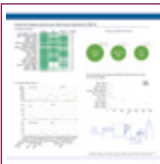


TABLE 2.1 Analysis of psychotropic substances in PM10 atmospheric aerosol

Territorial analysis showed marked variability in concentrations. Regarding **cocaine**, the highest median value was recorded at the **Rome** Bufalotta site, with 1,174 pg m⁻³, followed by Pescara with 565 pg m⁻³ and Florence with 528 pg m⁻³. For **Δ9-THC** and **ketamine**, the highest concentrations for both substances were detected at the

⁵Source: University Ca’ Foscari of Venice - Department of Environmental sciences, Informatics and Statistics; National Research Council - Institute of Polar Sciences

Florence monitoring site, with values of 139 pg m⁻³ and 35 pg m⁻³ respectively. Furthermore, the trends observed for cocaine were overall consistent with those identified in wastewater studies conducted by the Mario Negri Institute in spring 2021. Significant concentration differences were also recorded within the same city, particularly in Rome.

In addition to spatial variability, the daily collection of PM10 samples made it possible to observe variability over time, revealing differentiated patterns depending on the type of substance investigated. Cocaine showed higher concentrations during weekdays (Monday to Friday) than during weekends in 71% of sites testing positive (12 out of 17 monitoring sites). In contrast, Δ9-THC displayed the opposite trend, with higher levels during weekends in 70% of sites (9 out of 13) where the substance was detected.

Ketamine, on the other hand, maintained relatively homogeneous and stable levels in PM10 throughout the entire week.

The study also allowed to assess the passive population exposure via the inhalation of atmospheric PM10. The calculation of daily inhaled substance at the site with the highest recorded cocaine concentration (Rome Bufalotta), yielded an estimated exposure of 0.0235 mg, corresponding to 0.016% of an average personal-use dose estimated at 150 mg. This quantity is far below any dose associated with personal use and is in line with exposure to Δ9-THC and ketamine based on the levels measured in Florence.

Consumption of legal psychoactive substances among school-age youth

The use of legal psychoactive substances, such as tobacco, alcohol, and prescription drugs taken without medical prescription, represents a central component of risky behaviours during adolescence. In 2025, almost 1.2 million students (47%) reported having smoked at least one cigarette in their lifetime, and 915,000 (37%) had done so during the year; in both cases, prevalence rates were higher among female students.⁶ Almost 490,000 students (20%) reported smoking at least one cigarette per day in 2025, with the prevalence increasing with age and no significant differences between males and females. Among daily smokers, 59% began between the ages of 15 and 17, while 36% started by age 14; this latter figure, which had been increasing in previous years, declined in 2025. After the decrease observed in 2022, overall traditional cigarette smoking appears to have stabilised.

Electronic cigarettes are even more widespread: 1.28 million students (52%) had tried them at least once, and **1 million (41%)** had used them during 2025, with higher prevalence among females. Half of the students first used e-cigarettes before the age of 15, a proportion that is increasing, while 46% started between the ages of 15 and 17. E-cigarette use has continued to rise and **in 2025 reached the highest levels ever recorded**. As regards **heated tobacco products**, almost 480,000 students (19%) had used them at least once in their lifetime and over **390,000 (16%)** during the past year. After the peak recorded in the previous survey, use declined and returned to levels comparable with 2023. More than 195,000 students (7.9%) had used nicotine pouches, and over 150,000 (6.1%) had done so during 2025, showing an

increase compared with the previous year's survey. Other nicotine delivery methods – such as water pipes and snuff tobacco – remain less widespread; however, considering all nicotine-containing products together, 58% of students had used at least one nicotine product.

Alcohol consumption involved the vast majority of young people: 2 million students (81%) had consumed alcohol at least once in their lifetime, and over **1.8 million (75%)** during the past year, with no marked differences between males and females. Approximately 130,000 students (5.3%), predominantly males, reported consuming alcohol at least 20 times during the past 30 days. Episodes of drunkenness were also widespread: 980,000 students (40%) reported having been **drunk** at least once in their lifetime, **750,000 (30%)** during the previous year, and almost 42,000 (1.7%) at least 10 times during the previous 30 days. Except for frequent drunkenness, prevalence rates were generally higher among females. Sixty-two percent reported their first episode of drunkenness between the ages of 15 and 17, while about one-third experienced it before the age of 15; after increasing for the past four years, this latter figure has declined in 2025. Overall, indicators related to alcohol intoxication remained in line with the previous two-year period.

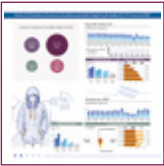
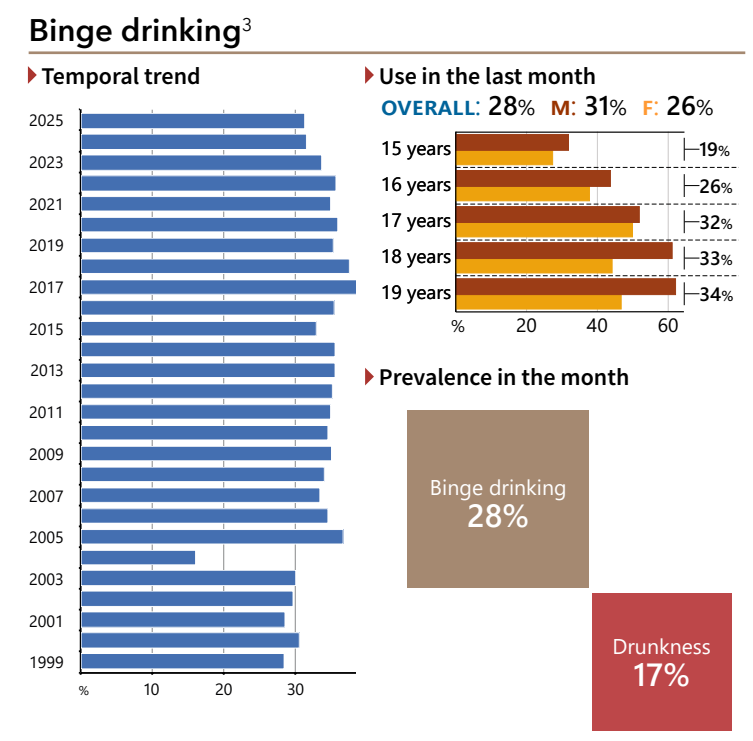
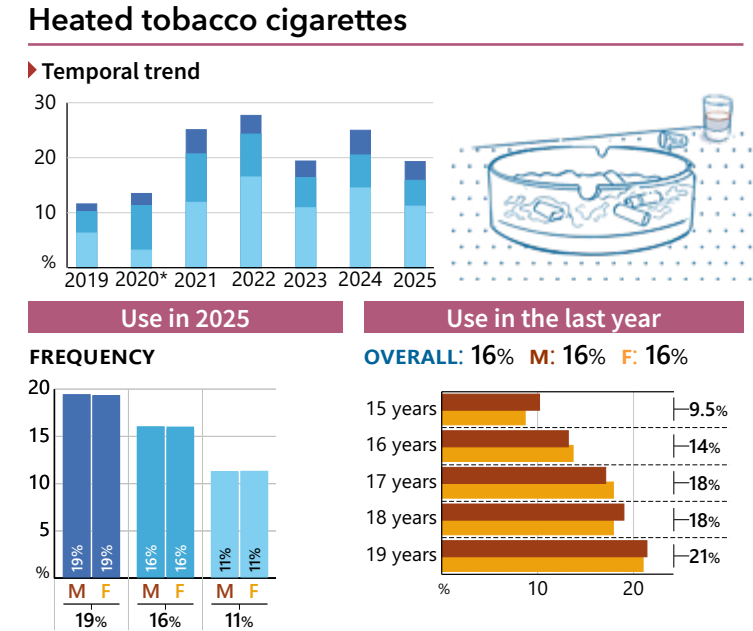
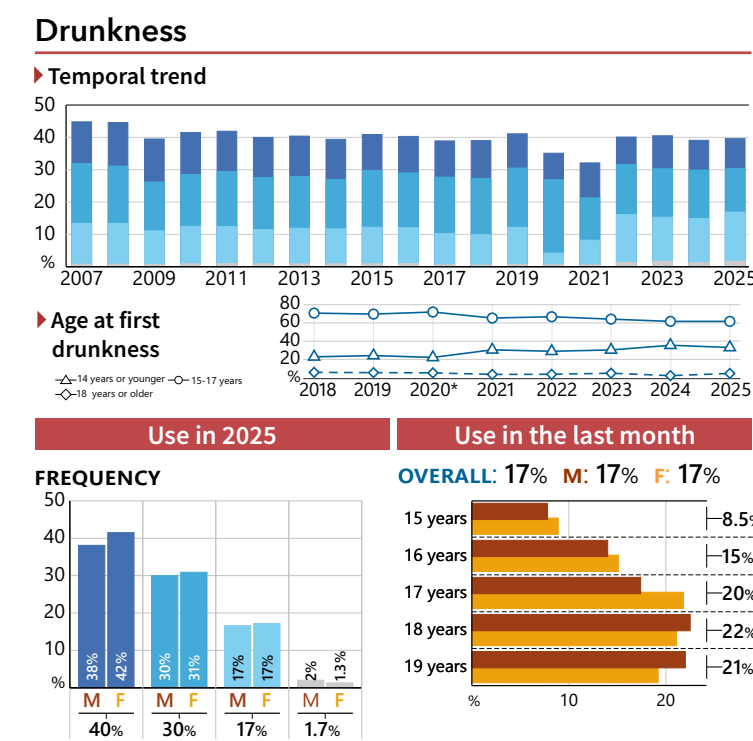
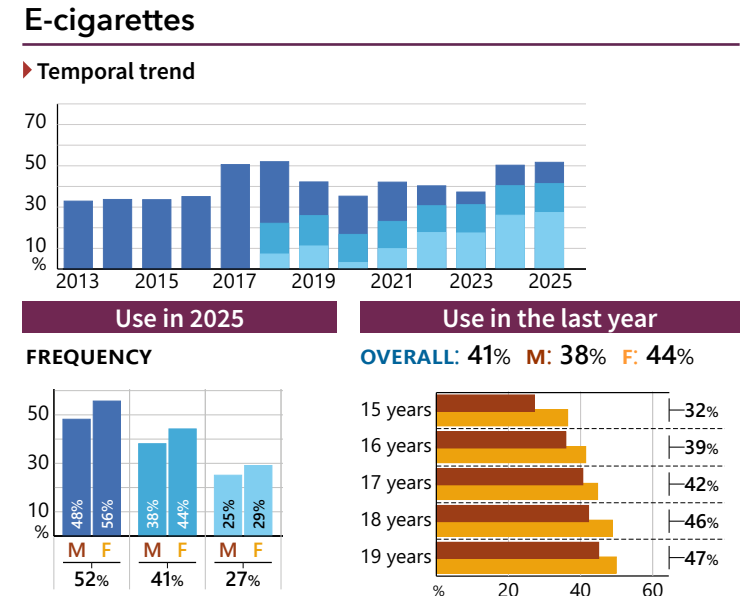
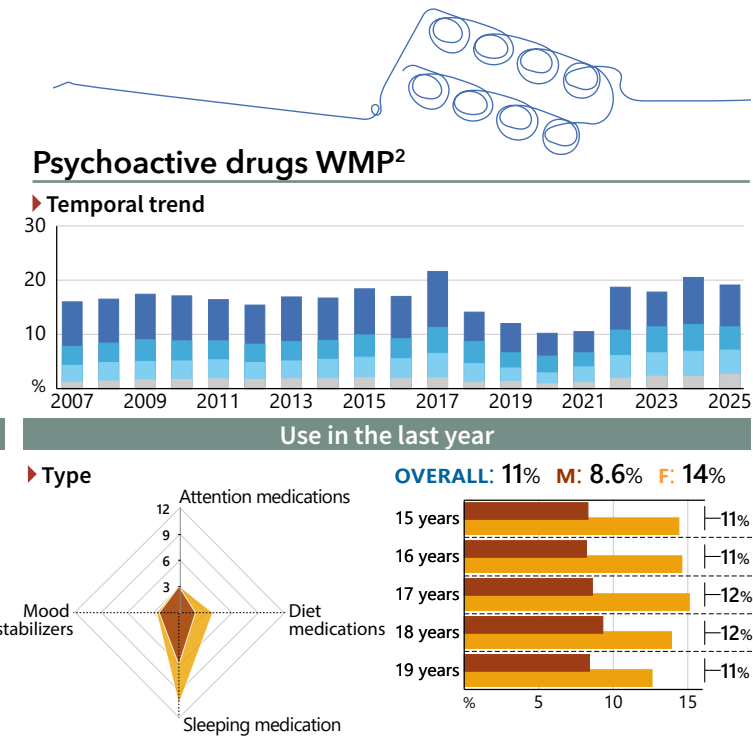
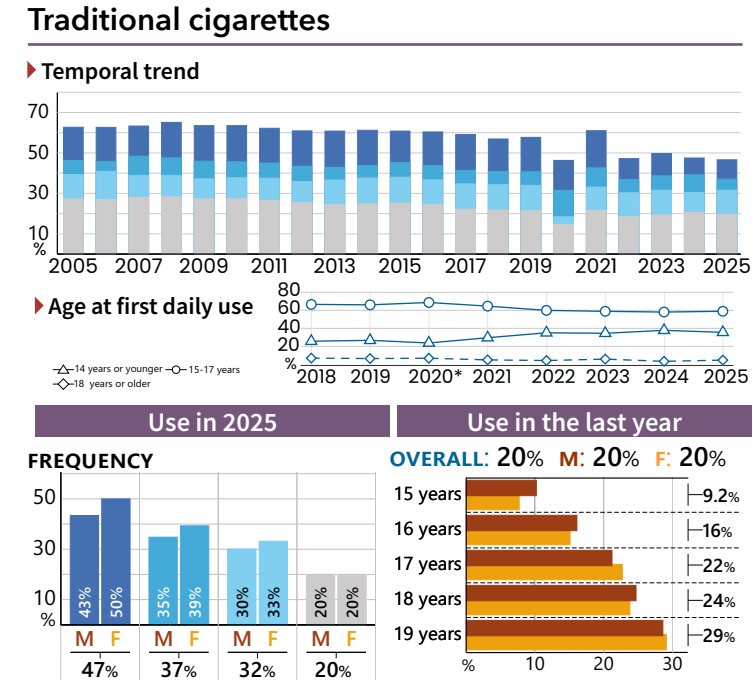


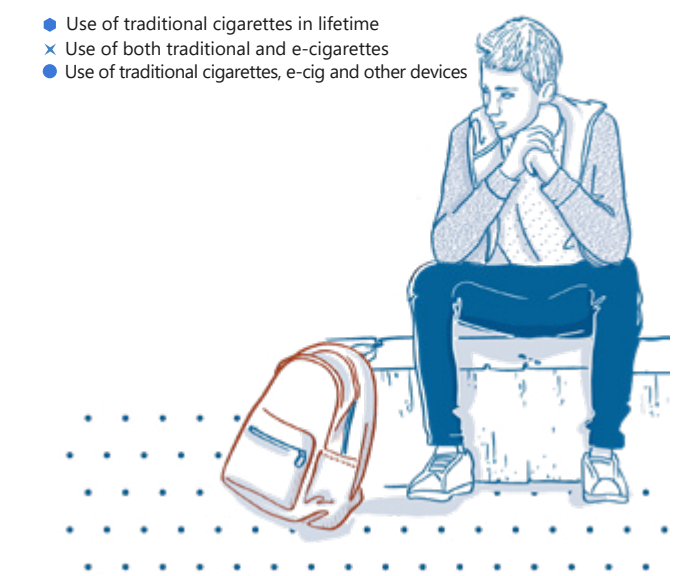
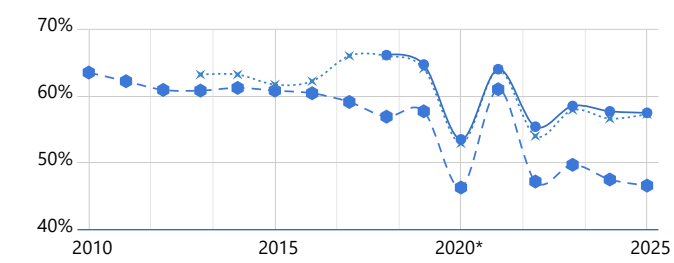
TABLE 2.III Prevalence of legal psychoactive substance use among students aged 15-19 in 2025

⁶Source: The ESPAD®Italia Study - National Research Council - Institute of Clinical Physiology

Table 2.III Prevalence of legal psychoactive substance use among students aged 15-19 in 2025



TREND OF COMBINED USE OF NICOTINE-BASED PRODUCTS



■ Males ■ Females

■ In lifetime ■ In the last 30 days

■ In the last 30 days ■ Frequent use¹

NOTES

¹Smoking at least one cigarette per day, yearround; use of psychoactive drugs WMP 10 times or more during the last month

²WMP: without medical prescription

³Binge drinking: five or more drinks in a row on a single occasion

2020*: The study ESPAD2020#iorestoacasa was carried out during the first COVID-19 lockdown; the restrictions in place led to lower participation and study population, making data informative yet not fully comparable with those for the previous years

Another indicator of risky alcohol consumption is **binge drinking**: **700,000 students (28%)** reported consuming five or more alcoholic drinks within a short period during the previous 30 days. The phenomenon was more frequent among males (31%) than females (26%) and increased with age, reaching the highest levels among 19-year-olds. Since 2021, the trend has remained substantially stable.

The use of **psychoactive drugs without medical prescription (WMP)** has shown an increasing trend in recent years. More than 470,000 students (19%) had used such drugs at least once in their lifetime, and **280,000 (11%)** during the past year; for approximately 65,000 students (2.5%), the use was reported as frequent (at least 10 times per month). After a peak observed in 2024, lifetime and past-year prevalence showed a slight decline, whereas frequent use continued to rise with a slight increase.

The categories of most commonly used sleeping and/or relaxation medication (8.2%), followed by attention and/or hyperactivity treatments (3.1%), weight-management medications (2.9%), and mood-stabilizers (2.5%). Use was significantly more widespread among females than male

peers, with an overall five to three ratio, while prevalence was twice as high in the case of diet medications.

Analysis of **risk perception** associated with legal substances showed that the behaviour perceived as most dangerous was “smoking 10 or more cigarettes per day,” identified as highly risky by 58% of students. Following in terms of perception were: use of psychoactive drugs without medical prescription (51%), binge drinking every weekend (49%), daily alcohol consumption (44%), and getting drunk once a week (36%).

The perceived health risks were lower for more occasional behaviors; occasional smoking cigarettes was considered highly risky by 17% of students, while drinking one or two alcoholic beverages several times a week was considered risky by 14%. Risk perception was substantially lower among habitual users: for daily alcohol consumption and episodes of drunkenness, the proportion of students perceiving low risk was more than double, while for the use of Psychoactive drugs without medical prescription the proportion was more than three times higher.

New products for new consumers: young people from shifting from exclusive use to poly-use of tobacco and nicotine

National Health Institute, in the **first trimester of 2026**, conducted two surveys on tobacco and nicotine consumption in two representative samples of students aged 11-13 and 14-17 years, with the technical and financial support of the Ministry of Health - CCM.

The results showed that 5.9% of 11-13-year-olds (more than 93,5000 students) and 37% of 14-17-year-olds (almost 851,000 students) had used at least one tobacco- or nicotine-containing product during the past 30 days, including traditional cigarettes, heated tobacco products (HTP), and electronic cigarettes (e-cigarettes). Use was most widespread among females both in the 11-13-year-old age group (M=4.8%; F=6.9%) as well as the 14-17-year-old age group (M=30%; F=44%).

Electronic cigarettes were the most commonly used product in both age groups (5.2% among 11-13-year-olds; 31% among 14-17-year-olds), followed by heated tobacco products (2.5% among 11-13-year-olds; 23% among 14-17-year-olds) and by traditional cigarettes (2.4% among 11-13-year-olds; 22% among 14-17-year-olds). Among 14-17-year-olds, experimentation with nicotine pouches – small pouches containing nicotine salts but no tobacco – was also investigated: 9.1% reported having tried them at least once in lifetime, with higher prevalence among males (M=12%; F=6.6%). The mean age of first use of nicotine-containing products was slightly over 11 years of age among middle-school students and 13 years among high-school students.

Among 11-13-year-olds who smoked traditional cigarettes, 49% concentrated use during weekends or holidays, but 23% smoked on at least 20 days per month and 2.1% reported smoking 11 or more cigarettes per day. Among HTP users 58% mainly consumed them during weekends or holidays, but 17% reported use on at least 20 days per month and 8% used 11 or more sticks per day. Also among e-cigarette users, 48% concentrated use during weekends or holidays, however 23% reported use on at least 20 days

per month and 16% reported taking more than 200 puffs per day.

Among 14-17-year-olds who smoked traditional cigarettes, 63% mostly smoked during weekends or holidays, but 34% smoked on at least 20 days per month and 7.8% smoked at least 11 cigarettes per day. Among HTP users, 64% mainly used the products during weekends or holidays, but 38% used them on at least 20 days per month and 13% consumed at least 11 sticks per day. Also among e-cigarette users, 45% concentrated use during weekends or holidays, however 32% reported use on at least 20 days per month and 19% reported taking more than 200 puffs per day.

In both age groups, most e-cigarette users preferred flavoured products, particularly fruit flavours (78% among 11-13-year-olds; 81% among 14-17-year-olds), but also fresh/menthol flavours (15% and 34%, respectively), sweet/creamy flavours (15% and 25%), and drink/beverage flavours (19% and 25%). Indeed, flavours mask the unpleasant taste of nicotine and increase the attractiveness of these products, especially among younger individuals.

The most critical finding concerns the spread of poly-use, namely the simultaneous use of two or more tobacco- or nicotine-containing products. Among 11-13-year-old users, 51% were poly-users (26% in 2022) and 21% simultaneously used traditional cigarettes, HTP, and e-cigarettes; the latter being the most commonly used product (89%). Among 14-17-year-old users, poly-use involved 70% (71% in 2025; 62% in 2024; 39% in 2022), 35% used all three products simultaneously, with e-cigarettes being also in this case the most widespread product (83%).

Overall, the data outline a scenario characterised by a high prevalence of nicotine-containing product use among Italian adolescents and a marked tendency towards poly-use, which has increased compared with previous surveys.

Behaviour addictions in early youth

In 2025, the National Centre for Addiction and Doping of the Istituto Superiore di Sanità, in collaboration with the Department of policies against drugs and other addictions, carried out the project **Generation Z 2.0**⁷. This initiative made it possible to analyse the prevalence and characteristics of social media addiction, internet gaming disorder, and problematic gambling among students aged 11-13 years. The study, which also included surveys in other age groups, involved an overall sample of more than 18,000 students aged between 11 and 17 years.

The 2025 survey results showed a decline in the prevalence of both social media addiction and gaming disorder compared with 2022. Overall, among students aged 11-13 years, approximately 15,000 students (1%) were estimated to be involved in behaviours consistent with **social media addiction**, as assessed through the Bergen Social Media Addiction Scale (BSMAS). In particular, a significant decrease in risk prevalence was observed (1% in 2025 vs 2.2% in 2022), a trend confirmed in both sex (males: 0.4% vs 1.2%; females: 1.5% vs 3.1%). The phenomenon continued to affect females more frequently than males.

Similarly, using the *Internet Gaming Disorder Scale-Short Form* (IGDS9-SF), it was estimated that approximately 111,000 students (7%) were at risk of **internet gaming disorder** in 2025, representing a decrease compared with 2022 (11%).

As for **gambling**, the prevalence among students reporting having gambled at least once during the previous 12

months was 11%. Among these, 63% reported gambling exclusively in physical venues, 17% exclusively online, 20% reported participation in both settings.

A non-negligible proportion of problematic gambling behaviour was also identified at an early age. According to the South Oaks Gambling Screen - Revised for Adolescents (SOGS-RA), 2.3% of students showed a profile consistent with **problematic gambling**, an additional 3.1% classified as **at-risk**.

Overall estimates indicate that more than 87,000 students aged 11-13 years were involved in at-risk or problematic gambling behaviours.

The study also monitored emotional disorders, with particular attention to social anxiety and depression⁸. Comparison with data from 2022 highlighted a significant decrease in **social anxiety** levels (0.4% in 2025 vs 1.4% in 2022). The significance of these changes was mainly linked to female students. Among females aged 11-13 years, social anxiety showed a clear decline, where the “very severe” level decreased to 0.7% in 2025 from 2.5% in 2022; the “severe” level declined to 4.7% from 6.3%; the “moderate” level showed a prevalence of 16% in 2025 compared with 19% in 2022.

As for **depression**, a significant reduction was also observed among female students, with “severe” depression decreasing to 4.4% from 6% in 2022.

New addictions and risky behaviours

In the analysis of risk behaviours, increasing importance is being attributed to the use of digital technologies, together with video gaming, gambling, and social withdrawal⁹. In 2025, almost 370,000 students (13%) displayed patterns of **internet use** characterised as risky: they neglected relationships, sacrificed sleep in order to stay connected, and showed irritability when unable to connect online. After four years of substantial stability, the proportion of at-risk students increased by almost one percentage point compared with 2024.

The percentages relating to victims of **cyberbullying** showed a slight decline. In 2025, 1.12 million students (45%, compared with 47% in 2024) reported having been victims of insults, threats, or unauthorised dissemination of personal content online, with no significant differences between males and females. Around 740,000 students (30%) admitted having engaged in cyberbullying behaviours; this phenomenon also declined by 2 percentage points compared with the previous year. In this case, males exceeded females by almost one and a half percentage points.

Participation in **online challenges**, often undertaken to gain recognition within a peer group, also showed a slight decline: in 2025, 3.8% of students reported having received an invitation to participate, and 1.1% (28,000 students) had actually taken part in such challenges.

Ghosting remained a widespread and stable experience: more than 710,000 students (29%) reported having

suddenly interrupted all contacts with someone, and a similar proportion stated that they had been ghosted themselves. Both values were substantially in line with the previous year.

Within the context of **gaming**, when the activity exceeds the recreational dimension it may take on problematic characteristics. In 2025, **380,000 students** (15%) presented an “**at-risk**” **gaming profile**; individuals spent many hours playing video games and reacted with irritability when they were unable to play. Moreover, despite the decrease compared to 2024 (17%), the phenomenon mainly concerns males (M=23%; F=7%).



TABLE 2.IV New addictions and risky behaviours in 2025

Gambling showed a sharply increasing trend, reaching the highest level ever recorded. In 2025, **1.6 million students (64%)** had gambled at least once in their lifetime and almost 1.5 million (60%) during the past year. The most widespread forms of gambling were scratch cards (76%), football betting (37%), poker/roulette/dice games (30%), and gaming machines such as AWP and VLT devices (28%). For all forms of gambling, males participated more frequently than females, with the exception of scratch cards, where female participation was higher.

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

⁸Severity rating scale for social anxiety disorder (social phobia) and Severity rating scale for depression. Subject aged 11-17 (Fossati et al., 2015)

⁹Source: The ESPAD®Italia 2025 Study - National Research Council - Institute of Clinical Physiology

Online gambling has continued to grow. Over **340,000 students (14%)** had gambled online in 2025. The proportions of students classified as **“at-risk” gamblers (7.1%)** and **“problematic” gamblers (5.2%)** also increased compared with 2024, amounting to more than **300,000** students overall. Students who fall into these categories more frequently display other risk behaviours, such as theft, acts of vandalism, conflicts with law enforcement, and the use of psychoactive substances, compared with peers who do not engage in gambling.

Alongside traditional and online gambling, interest in **online trading** also emerged, involving dynamics partly overlapping with gambling behaviours. Overall, 17% of students, corresponding to more than 420,000

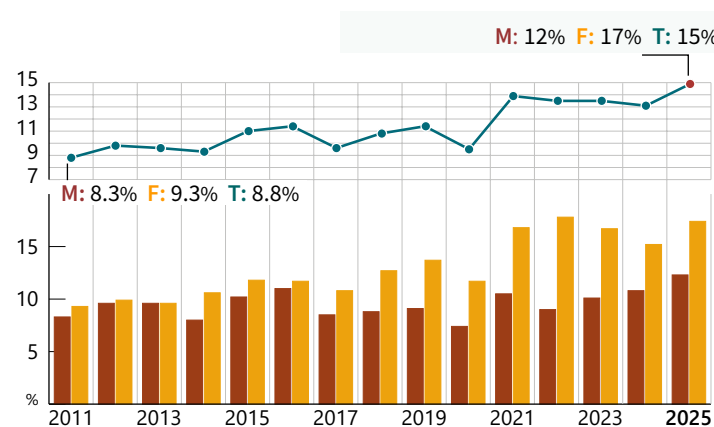
adolescents, reported having engaged in online trading at least once in their lifetime: specifically, 15% had engaged in financial trading and 12% in sports trading.

Within this framework, **voluntary social withdrawal**, defined as **Hikikomori**, has also been observed. In 2025, more than 50,000 students (2.1%) reported isolation lasting over six months, without attending school or meeting friends or acquaintances. An additional 2.5% reported a period of isolation lasting between 3-6 months, defined as the “pre-Hikikomori”. Among the main reported reasons were psychological issues (36%), lack of motivation to meet other people (27%), relational issues with friends or partners (25%), physical problems (21%), family-related issues (19%).

Table 2.IV New addictions and risky behaviours in 2025

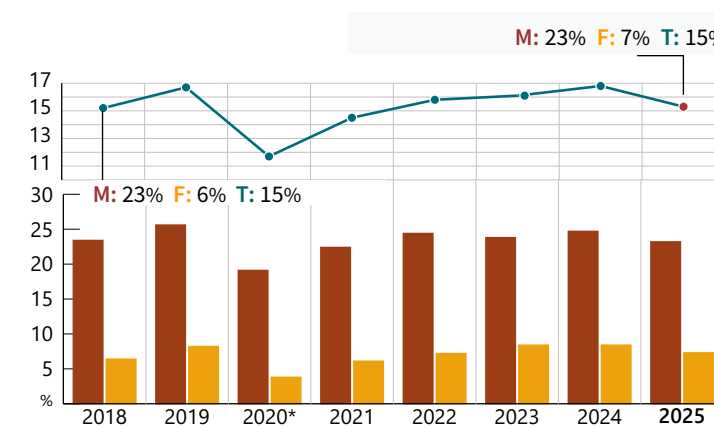
Risky internet use

► Prevalence: overall, males and females



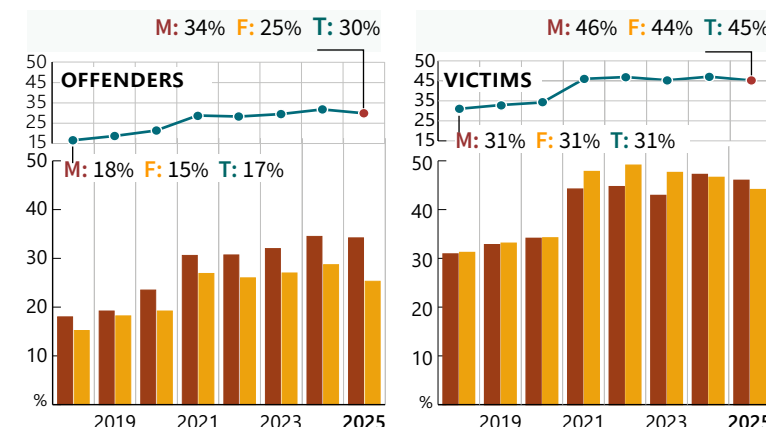
Risky use of videogames

► Prevalence: overall, males and females



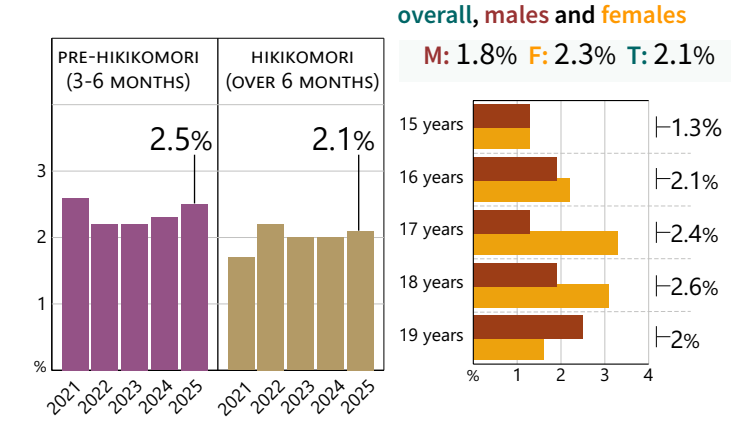
Cyberbullying

► Prevalence: overall, males and females



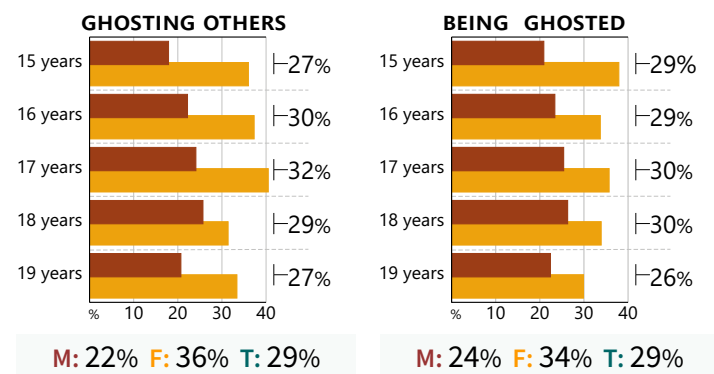
Social withdrawal

► Voluntary social withdrawal
► Hikikomori: overall, males and females



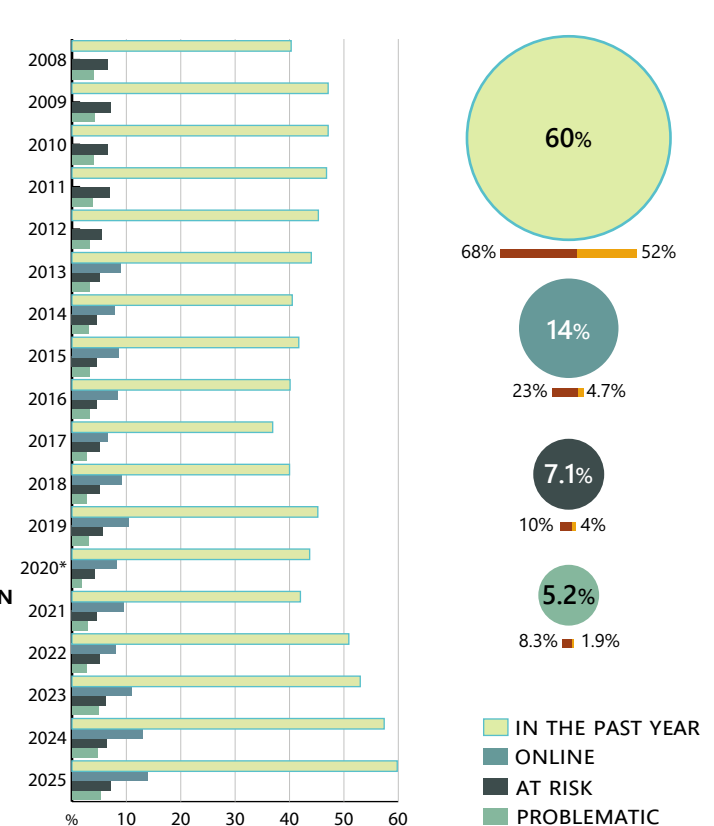
Ghosting

► Prevalence: overall, males and females

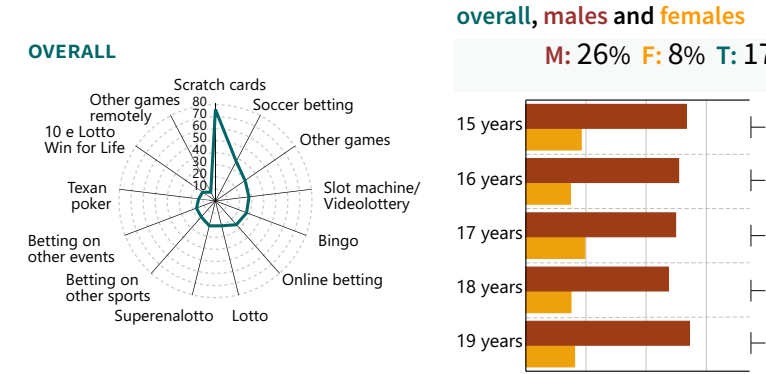


Gambling

► Temporal trend

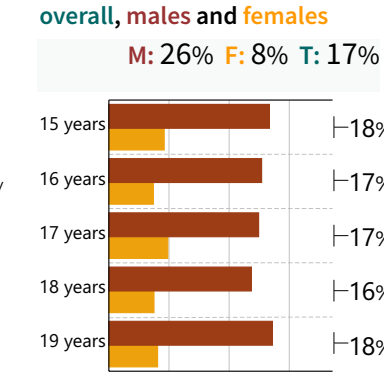


► Gambling activity



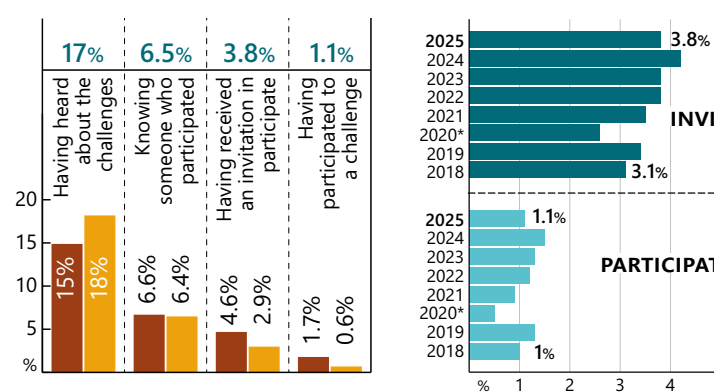
Trading online

► Prevalence: overall, males and females

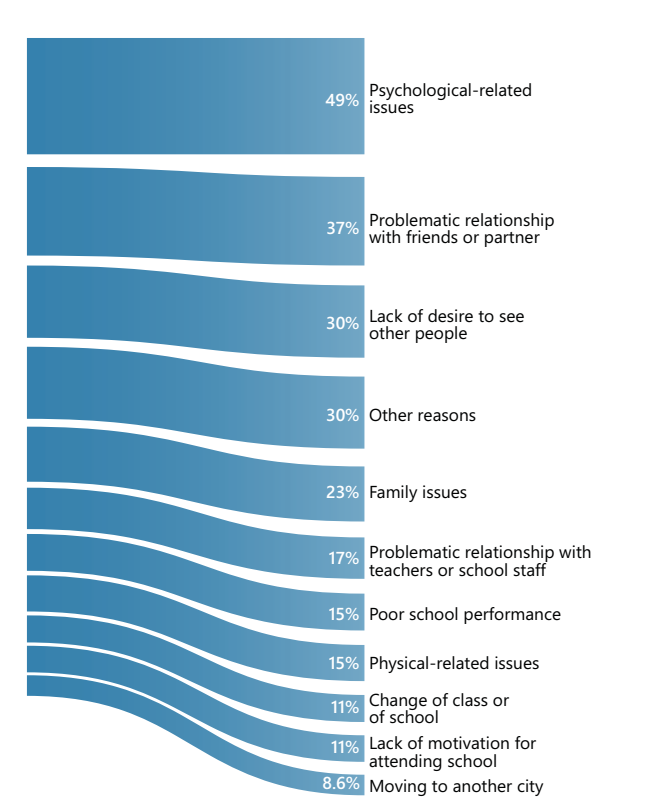


Internet challenges

► Prevalence: overall, males and females → Temporal trend



► % causes of voluntary social withdrawal of Hikikomori students



2020*: The study ESPAD2020#iorestocasa was carried out during the first COVID-19 lockdown; the restrictions in place led to lower participation and study population, making data informative yet not fully comparable with those for the previous years

Due to rounding, the sum of percentages may range from 99% to 101%

The ESPAD®Italia Study. National Research Council - Institute of Clinical Physiology

System of Addiction Services

In Italy, the response to the needs of individuals with addictions relies on an extensive network of health and social care services. This system is widely distributed across the entire national territory as an integral part of the essential care levels guaranteed by the National Health Service (SSN). Services are delivered through an integrated, coordinated system comprising the Addiction Services of the Local Health Authorities (SerDs), Third Sector organizations, local authorities, and volunteer associations. Within this network, interventions target not only psychoactive substance addictions but also behavioral addictions and cases involving psychiatric comorbidity, with the ultimate goal of ensuring comprehensive, holistic patient care. The addiction service system is structured into four distinct levels, ranging from low-threshold access to specialized outpatient, semi-residential, and residential treatment pathways, allowing for a flexible response to diverse patient needs.

A particularly significant role is played by low-threshold, **first-level services**, such as mobile units, low-threshold first-contact services, and drop-in centers. These frequently serve as the initial outreach point for individuals difficult to reach through traditional channels and simultaneously provide initial support, specialized first-aid interventions, guidance, and assistance to facilitate the transition of these people toward more structured treatment pathways.

In 2025, there were a total of **200** first-level services active in Italy. These were divided into **125 mobile units** (55% of which were managed by Third Sector organizations),

49 drop-in centers, and **26** low-threshold first-contact services (with 67% and 81% respectively managed by Third Sector entities)¹.

The presence of these facilities across the national territory remains relatively limited, at approximately 0.5 services per 100,000 residents aged 15-74, with significant regional disparities. In the Northern and Central regions, the network is more developed and widespread, with figures approaching 0.6 facilities per 100,000 inhabitants. Conversely, availability is markedly lower in the South and Islands, falling to approximately 0.2. Furthermore, in certain areas – namely Basilicata, Sardinia, and the Autonomous Province of Trento – no first-level facilities are currently active.



TABLE 3.I First-level services

The range of interventions offered by these first-level services is characterized by pronounced territorial heterogeneity. Case management reached a coverage rate exceeding 75% of services in several regions, including Piedmont (excluding drop-in centers and mobile units), Lombardy, Emilia Romagna, Marche (excluding mobile units), Umbria (limited to drop-in centers), Lazio (excluding low-threshold services), Abruzzo, and Sicily (limited to

¹Sources: Interregional technical group on Addiction - Health Commission of the Conference of Regions and Autonomous Provinces; Public Departments and Services for Addiction of the Health Authorities of the Regions and Autonomous Provinces

mobile units). A similar distribution was observed for psychosocial counseling, which was guaranteed by over 75% of services in Piedmont (excluding drop-in centers), Lombardy, Emilia Romagna, Marche, Umbria (excluding low-threshold services), Lazio (limited to drop-in centers), Abruzzo, and the Autonomous Province of Bolzano.

Regarding interventions with a greater clinical component, screening for psychiatric disorders was provided by over 75% of first-level services in Lombardy, Abruzzo, and Sicily (in the latter two cases, limited to mobile units); the same percentage was reached for the management of individuals with a dual diagnosis in the Marche region (excluding mobile units) and Sicily (limited to mobile units). Accompanying interventions for placement into therapeutic communities show more limited widespread availability, being offered by over 50% of services in Lombardy, Marche (excluding mobile units), Abruzzo, and Campania (excluding drop-in centres). Finally, opioid agonist treatment (substitution therapy) was guaranteed by over 75% of low-threshold services in Piedmont and Lombardy and reached full coverage across first-level services active in Abruzzo.

The **second level** of the addiction service system consists of **public outpatient services** (SerDs) – which fall under the Regional/Provincial Health System – or of private entities operating under the Integrated Multidisciplinary Services (SMI). In certain local settings, these are also structurally established within correctional facilities as internal services for addiction.

According to 2025 data from the National Addiction

Information System (SIND), which for the first time include data on alcohol use and gambling, the network of Addiction Services (SerD) comprises **587 services** organized across **636 operational sites**. The data reflects a high reporting coverage, accounting for 98% of surveyed facilities. Among these operational sites, 95% (606 sites) are specifically dedicated to substance addictions². At the national level, the system has an average capacity of 1.4 services per 100,000 residents aged 15-74. While the geographic distribution ensures a widespread presence, it does present some regional variations: while most regions and autonomous provinces record at least 1 service per 100,000 inhabitants, while Molise and Valle d'Aosta feature 3 services.

Healthcare for detainees with addiction is guaranteed across the national territory through a dedicated network. This network integrates organized services within correctional facilities alongside specialized teams. Specifically, there are **36 internal SerDs** operating across Lombardy, Liguria, Veneto, Tuscany, Lazio, Abruzzo, Campania, Apulia, Sicily, and Sardinia. Also, there are **152 multi-professional teams**, almost all of which are linked to public SerDs. The only exception is the Autonomous Province of Trento, where the team is managed by the Third Sector.

Alongside these dedicated services, all SerDs feature specialized teams for the treatment of alcohol and gambling-related disorders. Consequently, the total number of active addiction facilities and specialized teams reaches 1,102 units, aligning closely with the 1,134 units reported in 2025.

As for staffing levels, in 2024 (the most recent year for which consolidated data is available), public addiction services employed a total of **6,198³ professionals**, as indicated from the State General Accounting Office Annual Report. Healthcare personnel accounted for 54% of the total professionals, with 34% being represented by nurses and 20% physicians among which one-third specialized in psychiatry. Psychologists, social workers, and professional educators also played a relevant role, representing approximately 39% of the staff. The remaining 7% consisted of administrative personnel and other professional figures.

From an employment standpoint, most staff (93%) is represented by permanent employees, with the remaining 7% working by other contracting arrangements. Among these permanent staff members, full-time roles are overwhelmingly predominant at 93%, while a distinct 7% operate under part-time arrangements.

Analysis of the staff-to-patient ratio highlights significant regional disparities in resource distribution across the national territory. While the national average stands at approximately 23 patients in treatment for illicit substance use per operator, local workloads vary substantially. In regions such as Campania, Valle d'Aosta, and the Autonomous Province of Bolzano, the caseload falls below 20 clients per professional. Conversely, in regions like Friuli Venezia Giulia, Umbria, and Basilicata, it exceeds 30 patients per operator. However, it is worth noting that SerD activities extend far beyond illicit substance management. Operators simultaneously handle other types of disorders linked to alcohol use, gambling issues,

and other behavioral addictions. They also provide vital family support, conduct risk-reduction interventions, and handle administrative requirements such as medical certifications – all of which significantly increase the overall caseload per professional.

Regarding service provision, these facilities guarantee comprehensive medical and psychological care including therapeutic-rehabilitation programs, pharmacological treatments, and support services tailored for family members. Case management and psychosocial counseling are active across all regions and autonomous provinces⁴, as are referral pathways to therapeutic communities when required. Furthermore, pharmacological substitution treatment is uniformly guaranteed across the entire national territory. Alongside these core activities, more than half of the services operating at regional levels provide screening for psychiatric disorders and specialized interventions for individuals with a dual diagnosis. Regarding service delivery within correctional facilities, over 75% of active services and teams in Valle d'Aosta, Lombardy, Emilia Romagna, Tuscany, Umbria, Abruzzo, Molise, Campania, and Apulia guarantee the full range of treatments that are otherwise available at outpatient surgeries at local healthcare districts. In the remaining regions, this level of coverage is lower.



TABLE 3.I Outpatient services

²Source: SIND Work Group; Ministry of Health - General Directorate for Digitalization, Health Information System, and Statistics; Interregional technical group on Addiction - Health Commission of the Conference of Regions and Autonomous Provinces

³Source: State General Accounting Office Annual Report - Data analyses by the Ministry of Health - General Directorate for Digitalization, Health Information System, and Statistics

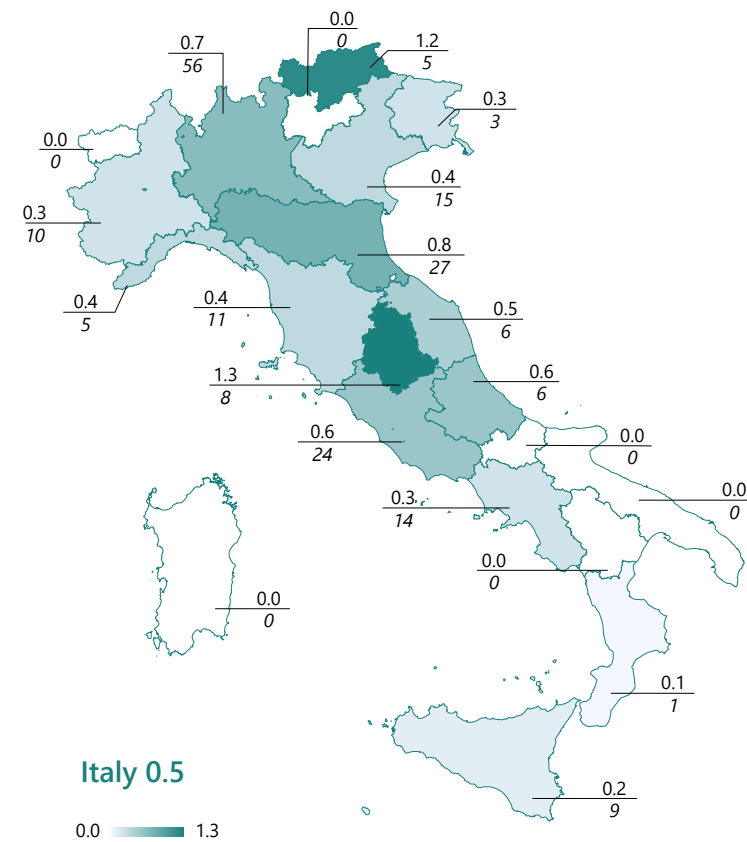
⁴Source: Interregional technical group on Addiction - Health Commission of the Conference of Regions and Autonomous Provinces; Public Departments and Services for Addiction of the Health Authorities of the Regions and Autonomous Provinces

Table 3.I Social healthcare services for people with addictive disorders in 2025

First-level services¹

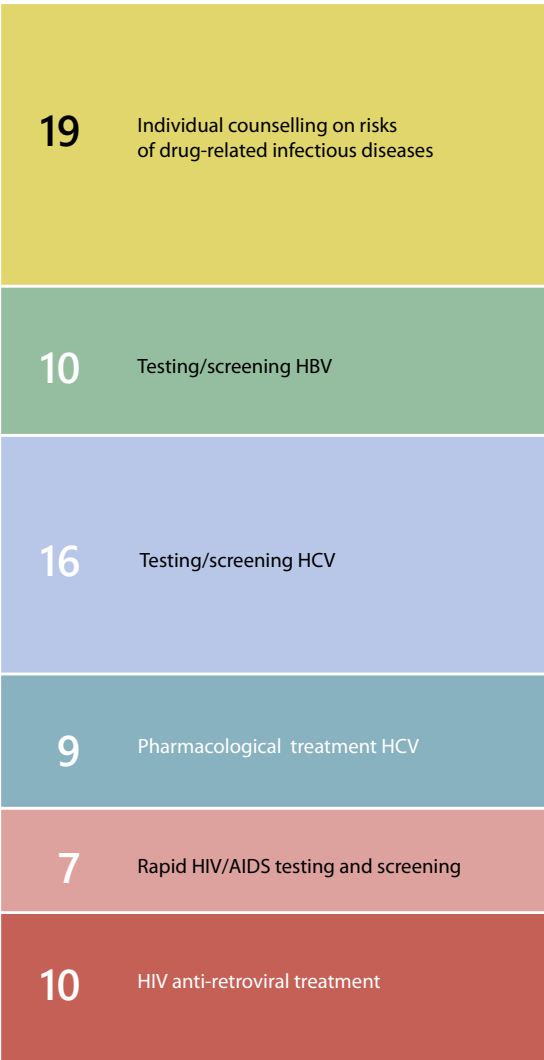


► Rate per 100,000 residents (15-74 years) and No. Services



1. 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

► No. Regions/Autonomous Provinces that provide services to at least 50% of those needing it

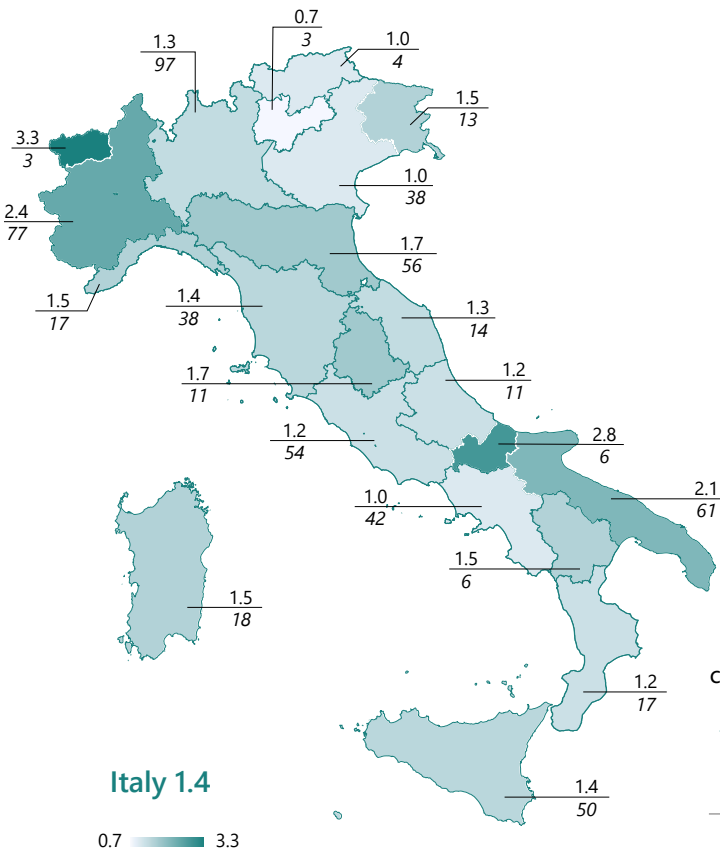


Due to rounding, the sum of the percentage values may range between 99% and 101%

Outpatient services²

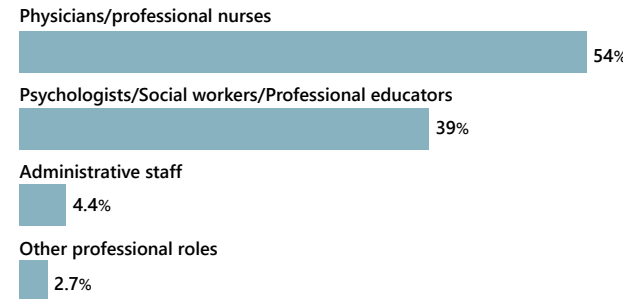


► Rate per 100,000 residents (15-74 years) and No. Services



2. SIND Working Group: Ministry of Health - Directorate General for Digitalization, Health Information System and Statistics; Interregional Technical Group on Addictions
3. State General Accounting Office Annual Report - Data analyses by the Ministry of Health

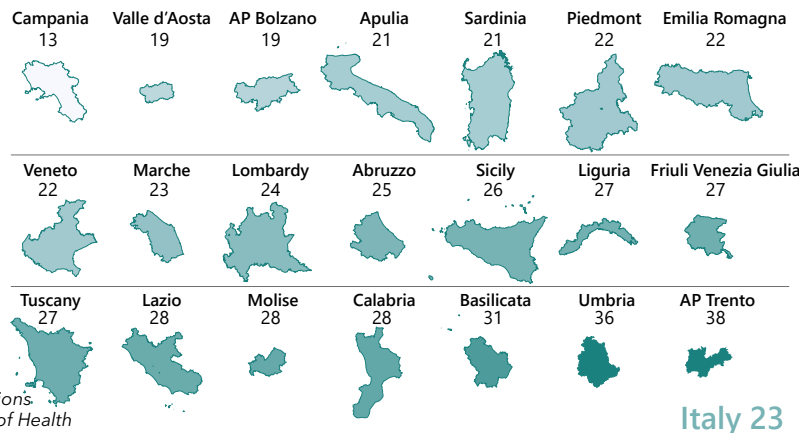
► **6,198** professionals of addiction services in 2024³



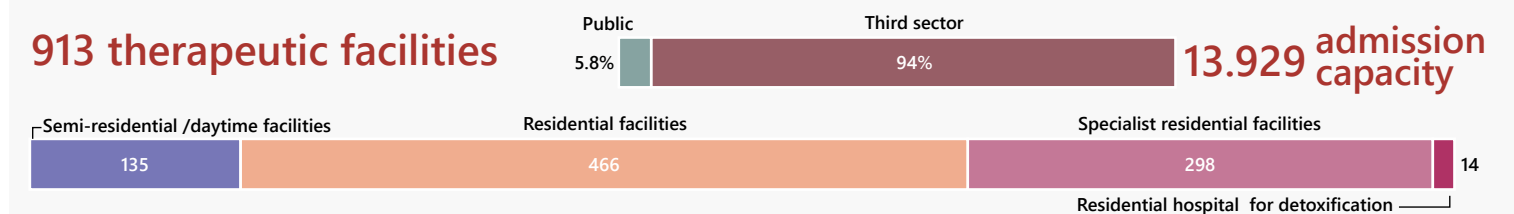
► **152** SERDs teams inside prisons¹



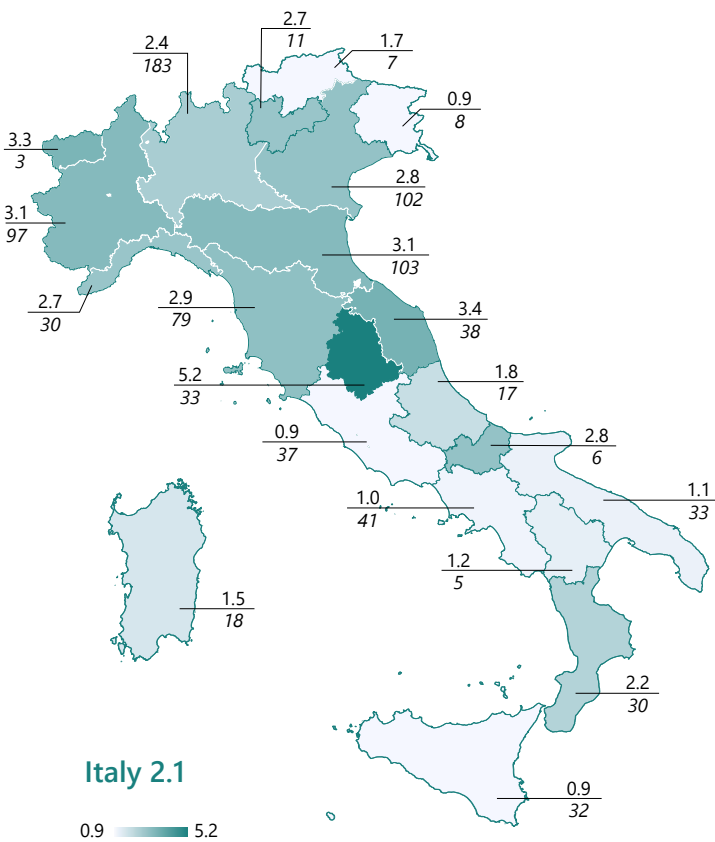
► No. individuals with drug addictions in care per unit of employees



Residential and semi-residential/daytime therapeutic facilities¹



► Rate per 100,000 residents (15-74 years) and No. Services



► **3,598** admission capacity in specialistic facilities



The **third level** of the addiction service system comprises day-care and semi-residential facilities, alongside residential therapeutic communities. These entities provide diversified care pathways tailored to patient needs and operate in close integration with local outpatient services. In 2025, the system included a total of **913 therapeutic facilities**. Of these, over 60% was concentrated in the northern regions (34% in northwest Italy, with Lombardy alone accounting for 20% of the total, and 25% in northeast Italy). The central regions accounted for 20%, the southern regions for 14%, while the approximately 6% remaining was located in the island regions.

When measuring this capacity against the resident population aged 15-74, the average availability stands at approximately 2.1 facilities per 100,000 inhabitants. However, this figure varies significantly across the country. Availability is higher in the central-northern regions, hovering around 3 facilities per 100,000 residents, whereas it drops to approximately 1 in the south and Islands. In the Piedmont, Valle d'Aosta, and Marche regions, availability exceeds 3 services, while in Umbria, the figure reaches 5 facilities per 100,000 residents aged 15-74.

More than half of these facilities (51%, or **466** units) consist of **educational or therapeutic-rehabilitation residential communities**. These are further supported by **298 specialized residential facilities** (33%), **135 day-care or semi-residential services** (15%), and a remaining share of less than 2% (14 units) representing hospital-based detoxification facilities. A central role is played by the **Third Sector**, which manages 853 of the 913 total facilities, covering 93% of residential and semi-residential service provision.

Regarding the interventions provided, over 75%

of regional residential facilities guarantee case management, counseling, and psychosocial treatments. These services are delivered alongside screening for psychiatric disorders and the administration of pharmacological substitution treatments. Conversely, interventions specifically dedicated to individuals with a dual diagnosis were found to be less widespread.



TABLE 3.1 Residential and semi-residential/daytime facilities

The **fourth level** of the service system consists of specialist facilities, which total 320 units and constitute a specific subcomponent of the 913 overall active structures. Indeed, these services (residential and semi-residential) are designed to address highly complex and distinct needs. Specifically, 14 facilities (approximately 4%) are dedicated to minors with substance use issues, 31 (nearly 10%) facilities with addiction alongside their children, and 135 (equivalent to 42%) facilities with psychiatric comorbidities. The remaining 140 facilities (around 44%) provide additional types of specialized service. These include high-intensity care services for managing acute phases and emergency situations, supportive housing solutions, and long-term rehabilitation pathways. The **vast majority** of these facilities (93%) is **managed** by the **Third Sector** and, in the same proportion, operate on a residential basis. From a geographic perspective, although distributed across the entire national territory, specialized facilities are predominantly concentrated in the northern regions, particularly in the northwest (44%) and the northeast (18%).

In 2025, the **913** active residential and semi-residential therapeutic facilities nationwide have a total reception capacity of **13,929 slots**, averaging nearly **16 slots per facility**. However, reception capacity varies markedly depending on the facility type.

The 480 residential communities (which include hospital-based detoxification units and exclude specialist facilities) present a larger capacity, with approximately 18 slots per facility. Semi-residential facilities (113) offer more limited availability, averaging 13 slots. This picture changes again when focusing on specialized structures: for the 298 residential facilities, admission capacity is on average 11 slots, while for the corresponding semi-residential ones (22), it hovers around 10 slots per facility.

When analysing the distribution of capacity solely within residential facilities relative to the population aged 15-74, national availability stands at 28 slots per 100,000 inhabitants. This figure is higher in the northern regions, where it reaches 33 slots in both the northwest and northeast, before decreasing in the central regions (29 slots) and dropping further in the south (19) and the islands (21).

Regarding semi-residential facilities, bed availability across Italy stood at 3.9 per 100,000 inhabitants aged 15-74. This reflects a highly uneven regional distribution, with the highest figures recorded in the northeast and central areas. In the former case, availability reached 6.2 slots per 100,000 residents (driven by Emilia Romagna and Veneto), while in the central area, the figure stands at 4.8, with Umbria and Marche exceeding 7 slots per 100,000 residents.

⁵Source: Interregional technical group on Addiction - Health Commission of the Conference of Regions and Autonomous Provinces; Public Departments and Services for Addiction of the Health Authorities of the Regions and Autonomous Provinces

In Italy, within the scope of activities carried out by public services and the Third Sector, interventions preventing health risks related to narcotic substance consumption cover a central role. These are aimed at protecting the health of individuals who use substances, particularly in situations with the highest exposure to health risks such as infectious diseases, sexually transmitted infections, acute poisonings, and drug-related deaths. In this context, individual counselling, HIV/AIDS testing, and hepatitis C screening represent well-established practices widespread across the entire national territory. These interventions are not exclusively targeted at individuals accessing addiction services, but also at individuals not engaged in structured care pathways, thereby addressing specific needs and facilitating an initial point of contact with the service network.

Regarding HIV, access to antiretroviral treatment is guaranteed across all regions and autonomous provinces, reaching nearly every individual for which it is required⁵ across 10 regional jurisdictions. High coverage levels are also reported for hepatitis B: screening is ensured for the majority of the at-risk population in 10 regions and autonomous provinces, while dedicated vaccination campaigns are active in 12 regional jurisdictions. Treatment for hepatitis C is available across the entire national territory, albeit with variations in access levels and dissemination.



As of **December 31, 2025**, therapeutic **facilities managed by Third Sector organizations** that responded to the Ministry of the Interior’s biannual information flow totaled **766**, corresponding to 81% of the 950 overall existing structures⁶. Among the responding facilities, the predominant typology is residential (74%), followed by semi-residential (16%) and outpatient facilities (10%). From a geographic perspective, approximately 60% of the facilities are located in the northern regions: 31% in northwestern ones, with a particular concentration in Lombardy, and 28% in north-eastern ones, predominantly in Emilia Romagna and Veneto. The remaining facilities are distributed as follows: 20% in the central regions, 17% in the southern regions – with a more substantial presence in Tuscany, Marche, and Apulia – and 5% in the insular regions.

At the national level, there are approximately 2 facilities for addictions for every 100,000 inhabitants aged 15-74. However, in Valle d’Aosta, Umbria, Marche, and Molise, the ratio exceeds 3 facilities per 100,000 inhabitants, while in Friuli Venezia Giulia, Lazio, Campania, and Sicily, it drops below 1 unit.

As of December 31, 2025, residential facilities within the Third Sector recorded an **average occupancy of 21 patients per facility**, with higher figures in Umbria and Sardinia, where the count exceeded 40 patients per facility. On the same date, outpatient services met an average daily demand of approximately 50 users, with particularly significant peaks in Lazio and Campania (463 and 271, respectively).



⁶Source: Ministry of Interior - Central Directorate for General Administration and Prefectures - Office V

⁷Source: Exploratory study on Third Sector services conducted by National Research Council - Institute of Clinical Physiology (CNR-IFC), in collaboration with the Presidency of the Council of Ministers - Department for policies against drugs and other addictions

Among the 366 facilities called to participate in the Survey on Third Sector Services⁷, **173 organizations** responded (47% of the total), representing a total of **285 services** – 56% of which are accredited – divided into **622 service delivery units**. The predominant type consists of residential and semi-residential units (78%), which include therapeutic communities, sheltered housing, and co-housing solutions. These are followed by services dedicated to preventing drug-use-related diseases (13%), such as mobile units, drop-in centres, and low-threshold or emergency services. Outpatient units, including those operating within correctional facilities, account for 6.4%, while the remaining 2.4% falls under other service categories. From a geographic perspective, the distribution of responding facilities shows a predominance in northern Italy (61%, with 23% located in Lombardy), followed by the central (21%) and southern regions (12%), and the islands (5.2%).

Collectively, the participating facilities employ **2,093 professionals**, including physicians, nurses, psychologists, sociologists, social workers, and professional educators. The latter constitute the most represented professional role within residential, semi-residential, and prevention services (accounting for 36% in both cases), whereas psychologists predominate within outpatient services, likewise representing a 36% share.

Regarding the profile of individuals accessing both residential/semi-residential and outpatient services, these are primarily individuals over the age of 40 (26% residential/semi-residential and 68% outpatient services), involved in proceedings for drug-related offences (28% and 43%, respectively), and with a dual diagnosis (18%

and 40%). A predominance of individuals over 40 is also observed within services preventing drug-related pathologies (63%), followed by individuals experiencing homelessness (57%) and individuals involved in non-custodial drug-related proceedings or offences (54%). Younger demographics are more frequently reached by outpatient and prevention services (20% and 15%, respectively), similarly to individuals who are transgender, bisexual, and homosexual (33% and 43%) and person engaged in prostitution (13% and 28%). Conversely, families with minors and women who are pregnant or in the postpartum period are predominantly cared for by outpatient services (20% and 15%).

Regarding **prevention activities for infectious diseases** related to drug use, this involves a total of 188 facilities. In addition to mobile units and drop-in centers these also include residential, day-care, and outpatient services.

More than half of these services (56%) offer individual counseling on infectious risks. The provision of screening tests varies by service type: the most frequently reported screen for HCV (28%) and HBV (20%), while rapid tests and serological screenings for HIV/AIDS are indicated by less than 15% of services. Approximately 23% of the facilities deliver pharmacological treatments for HCV and antiretroviral therapies for HIV. Furthermore, educational and informational activities are promoted regarding the prevention of drug-related deaths, the management of acute poisonings, and the risks associated with substance use. These initiatives are accompanied by the distribution of prevention tools and devices.

Services specifically dedicated to prevention – such as mobile units, drop-in centers, and low-threshold services – reached approximately 110,000 individuals in 2025, over half of whom had never been previously engaged.

Prevention interventions

In 2025, **Regional Administrations and Departments for Addiction** reported **407 prevention projects aimed at the general population** – an 11% increase over the previous year⁸. **Selective-indicated interventions** made up the majority at **54%**, while the remaining **46%** consisted of **environmental-universal types**.

The vast majority of these initiatives were developed within a community setting (86%), with a more limited presence of interventions targeting families (8%), institutional policies (3%), and nightlife settings (3%). From a funding perspective, 44% of the projects were supported by regional resources, a similar share was implemented without dedicated funding, and 15% also benefited from national funding.

Environmental and universal prevention initiatives focused primarily on information and awareness-raising regarding substance use risks and addictive behaviors (98%). This specific objective was in fact included in 54% of family-oriented projects, frequently alongside interventions to develop parenting skills (15%). In 82% of cases this activity involved the departments for addiction, in collaboration with Third Sector organizations (57%) and local authorities (47%). The main themes addressed included risk behaviours (61%), gambling (60%), alcohol consumption (53%), and psychoactive substances (50%). Environmental-universal prevention interventions predominantly targeted the youth population, involving almost exclusively minors and young adults (93%).

Concurrently, a significant share of initiatives also included workplace settings – specifically healthcare service personnel – in addition to reaching the general population more broadly.

As for settings of implementation, activities were mainly concentrated within structured gathering spaces, such as summer camps, parish organizations, and associations (40% of interventions). Furthermore, a significant portion of the interventions was carried out in informal, widespread community settings, including public events and gatherings (concerts, local festivals, outdoor initiatives) (30%), as well as entertainment venues and urban spaces (19%). This highlights a proximity-oriented approach and a widespread, capillary dissemination of preventive actions.

Selective and indicated prevention interventions aimed at population groups considered to be more vulnerability in terms of risks for use of psychoactive substances or other risky behaviours, were implemented across nearly all regions and autonomous provinces, with the sole exceptions of Molise and the Autonomous province of Trento. The projects objectives were pursued through a comprehensive and multidimensional approach. Noteworthy, over two-thirds of the interventions focused on information and awareness-raising actions regarding risks linked to substance use and addictive risk behaviours, as well as alcohol- and drug-related pathologies (67%). Concurrently, a similar share of initiatives addressed

the implementation of training interventions aimed at strengthening knowledge, competencies, and social skills (66%), while 59% of the projects developed structured educational pathways within the same topics. Alongside these primary components, a smaller portion of the interventions concerned the active promotion of protective behaviours (17%) and the modification of physical and social contexts to facilitate the adoption of healthy lifestyles (17%). In contrast, the share of initiatives oriented toward early identification and the timely engagement of at-risk individuals through brief, targeted interventions appears more limited (7%).

The main topics across all regions and autonomous provinces were alcohol consumption (64%) and use of psychoactive substances (58%). These were followed by topics of addictive behaviours in broader terms (48%) and gambling (41%). Tobacco use and digital technology was addressed by approximately one in four projects, while eating disorders was addressed by nearly half of the regions with specific programs.

From an organizational perspective, Departments/ Services for Addiction played a central role, acting as the promoters of 83% of the initiatives, often in collaboration with Third Sector organizations (39%) and other services within the local health authorities (37%).

As to target audience, interventions mostly aimed at vulnerable youth (40%), including, for example, individuals

in out-of-school settings, students at risk of dropping out or facing social issues, and young people belonging to ethnic minorities or experiencing housing marginalization. Conversely, one-third of the projects targeted the general population, while 22% concerned individuals currently under the care of Addiction Services.

Finally, for what concerns the settings in which these programs were implemented, local social-health services represented the primary setting for engaging target audiences, accounting for 43% of interventions. Other key contexts included structured gathering spaces (approximately one-third), informal social venues like cafes, nightclubs, and gaming halls (around one-quarter), and the broader municipal territory (21%), reflecting a highly widespread, proximity-oriented approach.

TABLE 3.II Prevention activities and interventions in 2025

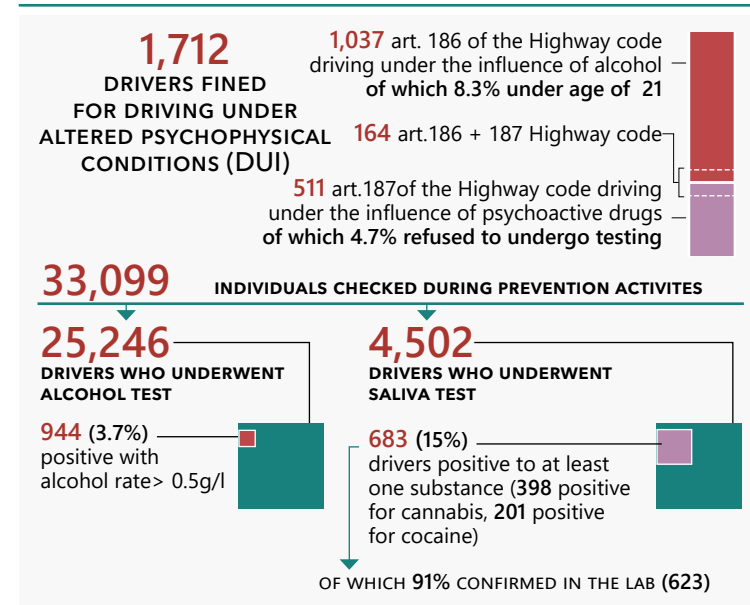
Within the same prevention framework, 100 Third Sector facilities⁹ participating in the exploratory study reported having implemented in 2025 108 interventions aimed at the **general population**.

⁸Sources: Interregional technical group on Addiction - Health Commission of the Conference of Regions and Autonomous Provinces; Public Departments and Services for Addiction of the Health Authorities of the Regions and Autonomous Provinces

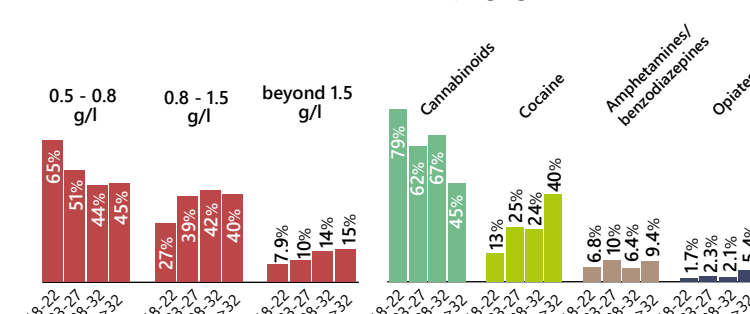
⁹Source: Exploratory study on Third Sector services conducted by National Research Council - Institute of Clinical Physiology (CNR-IFC), in collaboration with the Presidency of the Council of Ministers - Department for policies against drugs and other addictions

Table 3.II Prevention activities and interventions in 2025

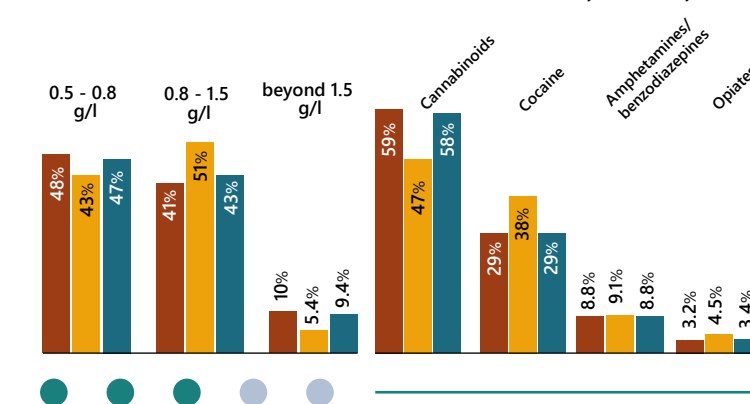
Prevention of alcohol and drug-related road accidents



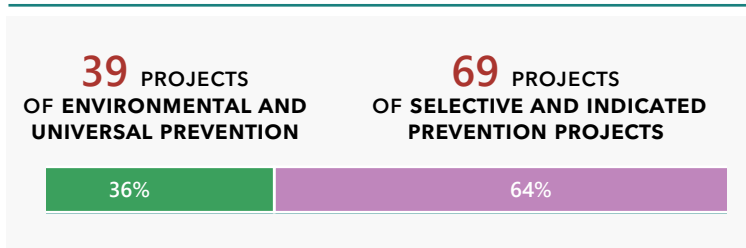
Alcohol rate and substances detected by age group



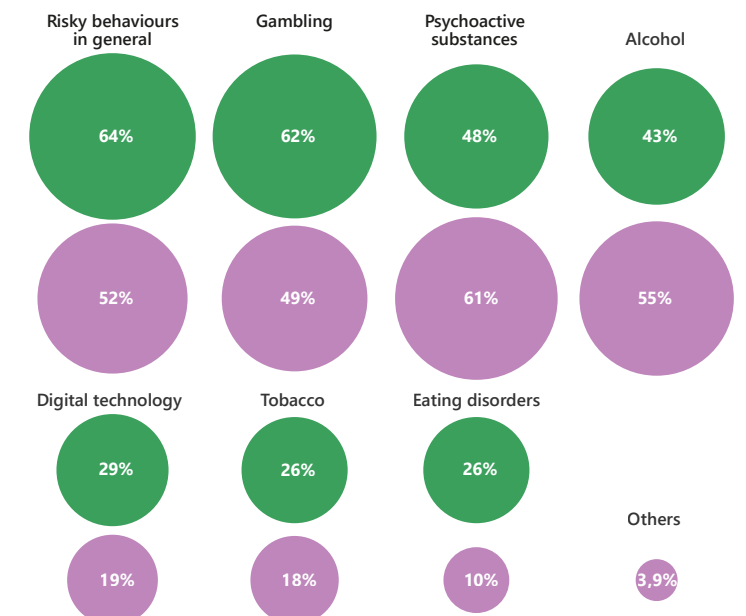
Blood alcohol levels and substances detected males, females, overall



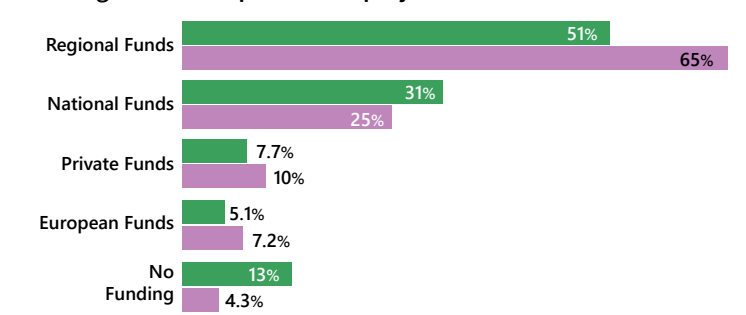
Projects reported by Third sector organizations²



Topics covered in environmental/universal prevention and selective/indicated prevention projects

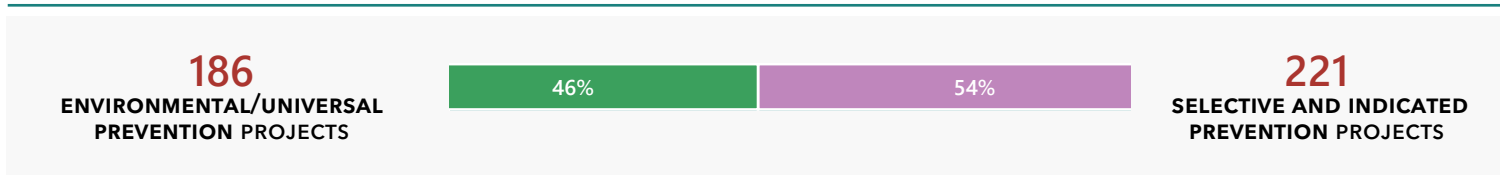


Funding sources for prevention projects*

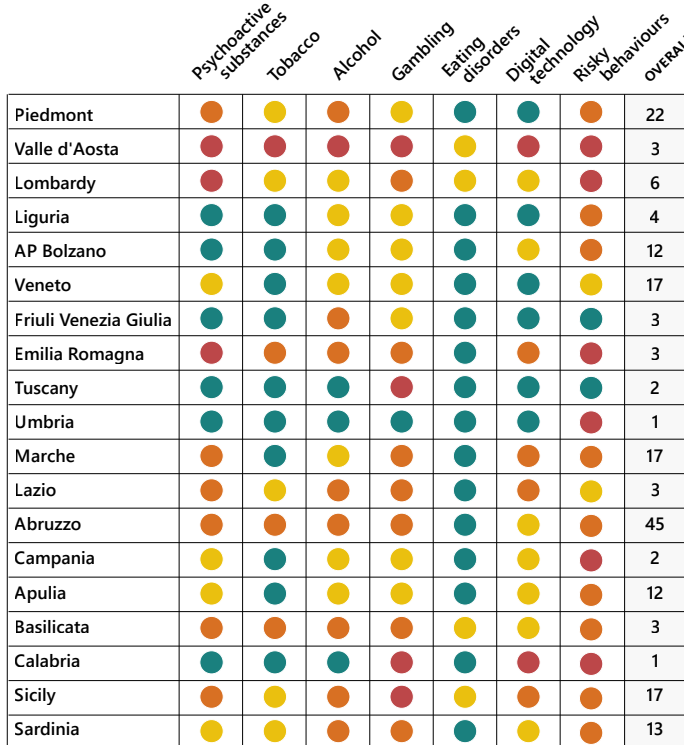


*The total exceeds 100% as some projects have received funding from multiple sources

Projects reported by Regions/Autonomous Provinces and by Addiction Departments³



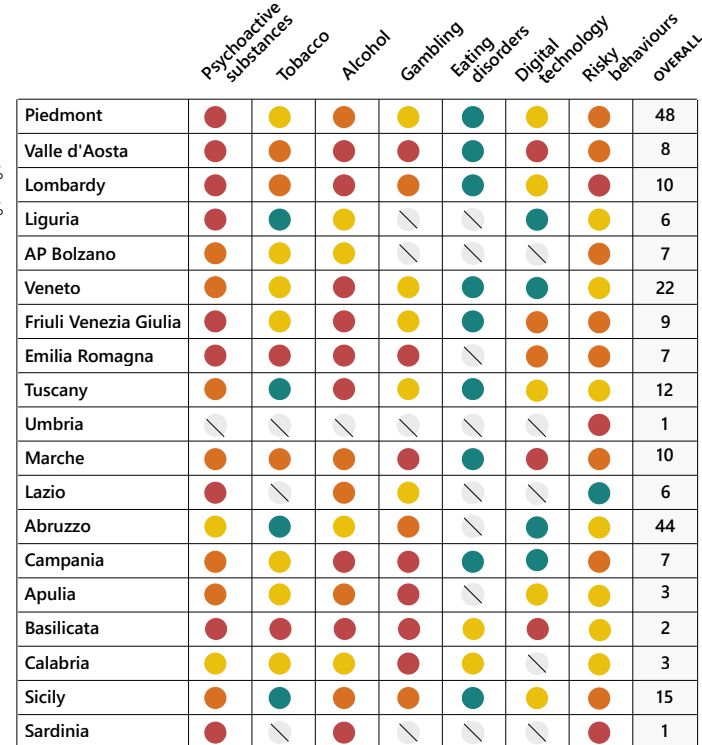
Environmental/Universal prevention projects



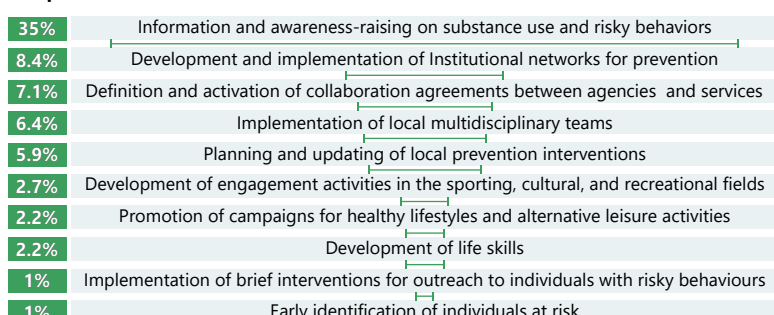
Scale:
● = 1-25%
● = 26-50%
● = 51-75%
● = >75%
● = 0%

No projects have been reported by the AP of Trento and Molise Region

Selective and Indicated prevention

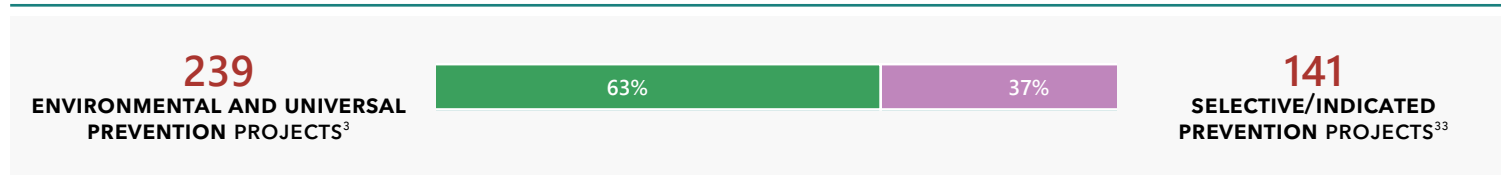


Top 10 intervention areas

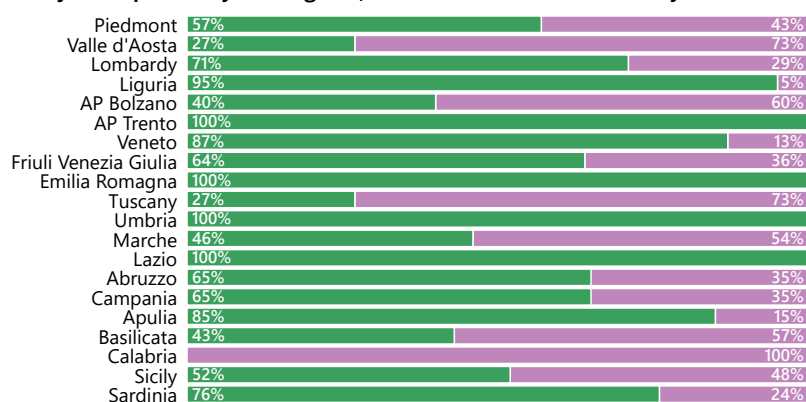


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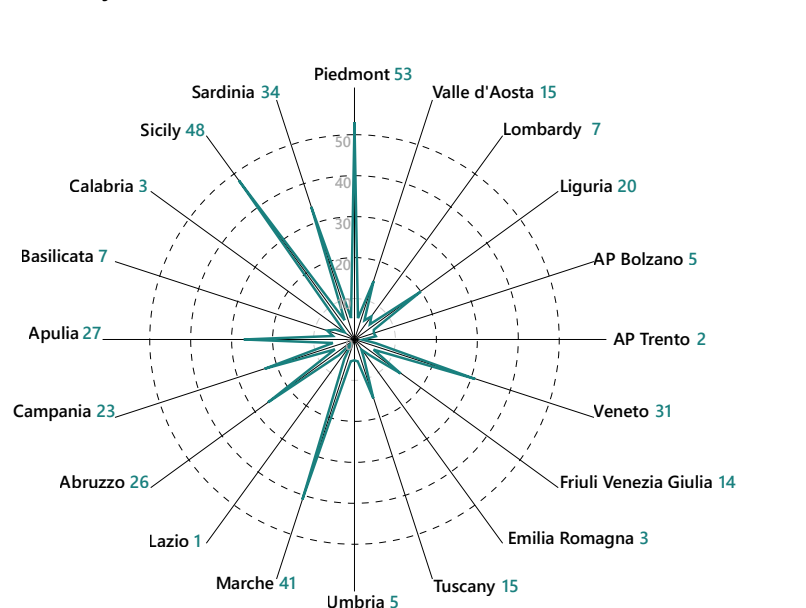
School-based prevention projects



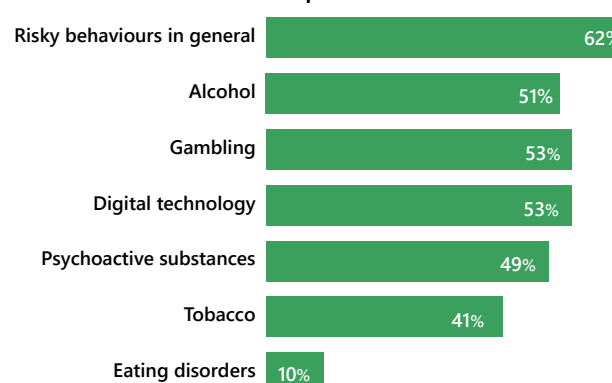
Projects reported by the Regions/Autonomous Provinces and by Addiction Departments



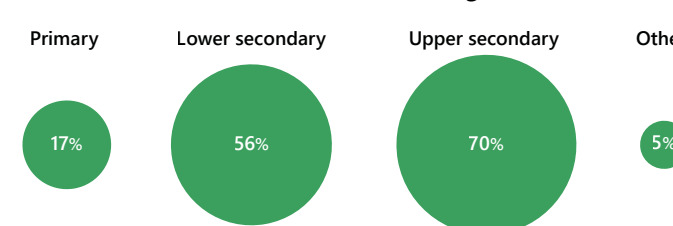
No. Projects



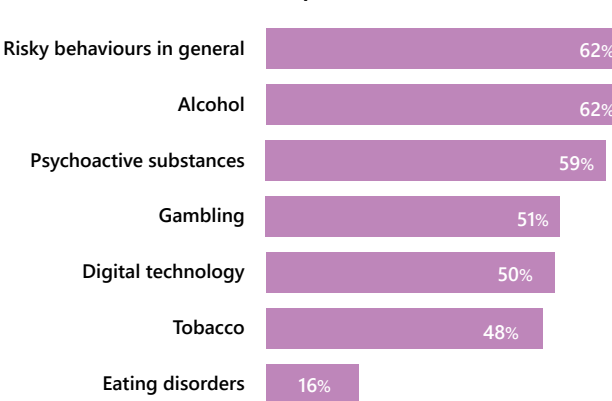
Topics addressed



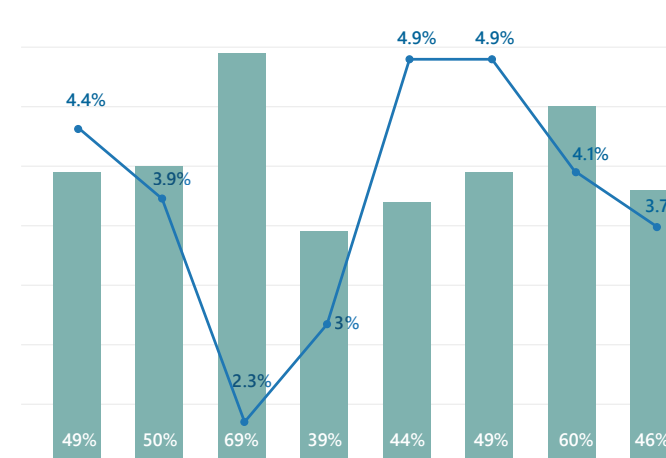
School categories



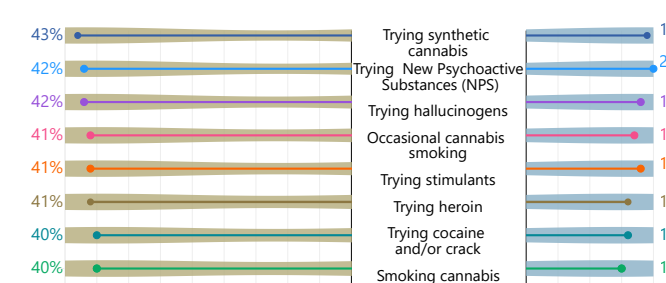
Topics addressed



Prevalence of frequent illicit psychoactive substance use and % of schools implementing targeted prevention activities⁴



% of students who did not and who did participate in prevention activities and who report being unable to answer questions regarding the risk associated with psychoactive substance use⁴



- Ministry of Interior - Department of Public Security - Road Police service
- Survey on Third sector for addiction. Statistics by National Research Council - Institute of Clinical Physiology
- 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
- ESPAD® Italia 2025 Study - National Research Council - Institute of Clinical Physiology

In line with previous years, **environmental and universal prevention** efforts focused on raising awareness about substance use and addictive risks, while promoting sports, outdoor activities, and alternative leisure options. Broad risk behaviors were addressed by 69% of interventions, followed closely by gambling at 67%, and by use of psychoactive substances 51%. In terms of target audiences, initiatives primarily reached young adults (77%), followed by minors (64%) and parents or families (38%).

Local authorities – specifically municipal administrations – were involved in nearly 70% of the initiatives, while a significant share saw the participation of both Third Sector organizations (including social cooperatives, therapeutic communities, and job re-entry facilities) and Departments and Services for Addiction (SerD), which were present in approximately half of the projects. Regarding implementation contexts, over 60% of the universal/environmental prevention initiatives took place within the municipal sphere, and a similar percentage occurred within gathering spaces, such as youth centres and parishes.

In **selective and indicated prevention**, approximately 70% of the interventions aimed to develop life skills (problem-solving, interpersonal communication, decision-making, etc.), while over 60% concern raising awareness about the risks linked to substance consumption and addictions, including alcohol- and drug-related pathologies. Just under half of the interventions include educational activities targeted at the themes of substance consumption, addictive risk behaviours, and alcohol- and drug-related diseases. From a content perspective, 69%

focused on psychoactive substances, 62% on alcohol consumption, and slightly less than 60% on behaviour addictions, including gambling.

Institutional stakeholders were largely involved in selective and indicated prevention as well. Local health authority addiction departments were engaged in nearly **70% of cases**, while local authorities and social services participated in over half of the projects. In terms of settings, the majority of interventions took place within municipal spaces and community centers; however, a significant portion – exceeding **one-third** – was carried out in informal environments, such as nightclubs and dance clubs.



In 2025, **Regional Administrations** and **Departments/ Services for Addiction** reported **380 projects for the student population**, marking a 16% increase compared to the previous year¹⁰.

The projects were extensively distributed nationwide, having been promoted and activated in all regions and autonomous provinces, with the exception of the Molise Region. The predominant component was represented by environmental and universal prevention, which constitutes 63% of the projects implemented within the school setting. Within this segment, interventions focused primarily on strengthening the knowledge, competencies, and social skills useful for preventing psychoactive substance use and risk behaviours – an objective present in just over half of the initiatives.

¹⁰Sources: Interregional technical group on Addiction - Health Commission of the Conference of Regions and Autonomous Provinces; Public Departments and Services for Addiction of the Health Authorities of the Regions and Autonomous Provinces

Alongside this educational aspect, 26% of the projects provided information and awareness-raising activities on the topics of psychoactive substance use and addictive risk behaviours. An additional 27% was more focused on educational objectives, including educational pathways on legality, the mindful use of digital technologies, and the adoption of safe driving behaviours.



TABLE 3.II School-based prevention projects

Regarding the target populations, these environmental-universal prevention programs primarily addressed students who were involved in over 80% of the proposals and to teachers, who were the target of 64% of the initiatives – a nonetheless significant presence. The school settings most involved were upper secondary schools, and lower secondary schools, where 70% and 56% of the projects took place.

Most regions and autonomous provinces reported implementing **selective and indicated prevention interventions** within school settings. In 2025, these initiatives focused predominantly on the consequences of psychoactive substance use and related alcohol and drug pathologies. Specifically, 45% of the projects provided information and awareness-raising activities regarding substance use, risk behaviors, and their negative

outcomes. A similar share of interventions involved targeted educational pathways on these topics (41%), alongside training activities designed to strengthen the knowledge, competencies, and life skills essential for preventing substance use and its correlated pathological conditions (41%).

Furthermore, a significant component – amounting to approximately 30% of the interventions – was oriented toward the early identification of students displaying risk behaviours connected to the use of narcotic and psychoactive substances, as well as the engagement, through brief interventions, of problematic situations linked to consumption or other risk behaviours.

Compared to environmental-universal prevention projects, selective and indicated prevention projects were characterized by greater integrated involvement of the various stakeholders within the school and family contexts, promoting synergy among students, families, and teaching staff.

Within the framework of the exploratory study on **Third Sector facilities**¹¹, **prevention** activities conducted **in schools (96 projects)** appear equally distributed between universal/environmental and selective/indicated interventions and were conducted primarily in upper secondary schools (85%) and lower secondary schools (66%).

In universal and environmental prevention, the most

¹¹Source: Exploratory study on Third Sector services conducted by National Research Council - Institute of Clinical Physiology (CNR-IFC), in collaboration with the Presidency of the Council of Ministers - Department for policies against drugs and other addictions

frequently theme addressed was risky behaviours in general (58%), whereas gambling prevailed in selective and indicated interventions (78%). Approximately one-fifth of the universal activities address the mindful use of digital technologies.

Selective and indicated interventions, conversely, focus predominantly on educational and training pathways related to substance consumption, addictive behaviours, and alcohol- and drug-related pathologies. Students represent the primary target audience of the interventions, though with the involvement of families and teaching staff in over half of the projects.

All initiatives implemented within school facilities involve regional school offices and the schools themselves (77% for both types of activities). These are followed by Departments of Addiction and Services for Addictions – particularly in selective and indicated prevention interventions (64%, compared to 48% in universal/environmental) – and social cooperatives, including therapeutic communities, primarily in universal and environmental prevention (52%, compared to 48% in selective/indicated).

First-hand data directly from schools was gathered within the **ESPAD®Italia 2025**¹² study through questionnaires to **high school principals**. The responses reveal that nearly all high schools (94%) enforce a **code of conduct regulating student behaviour**, with specific emphasis on alcohol and tobacco consumption. Additionally, 46% of institutions reported promoting dedicated workshops or activities for the **prevention of psychoactive substance**

use. While this share represents a decline compared to 2024, it remains substantially in line with the figures from the 2022-2023 period.

Regarding other areas of prevention, 84% of the schools implemented initiatives against bullying and cyberbullying, 56% addressed the topic of risky driving behaviours, and 36% developed activities to contrast gambling.

In relation to **early school drop-out**, 89% of principals reported the adoption of a specific educational plan, and 56% also reported the organization of dedicated study days or activities. Conversely, less attention appeared to be directed toward the phenomenon of voluntary social withdrawal: 25% of institutions have prepared an educational plan for the recovery of certified students, while 43% have activated targeted interventions for the reintegration of adolescents in this condition.

Prevention activities within the school setting predominantly involve the participation of **Local Health Authorities** and/or **Departments and Services for Addiction** (80%). These are followed by Law Enforcement (70%), associations and the Third Sector (60%), other educational institutions (29%), and independent professionals (24%). Furthermore, in 43% of the institutes, **specific training for teachers** on the prevention of psychoactive substance use is provided, even outside of structured projects.

According to the prevention data collected in the ESPAD®Italia questionnaire, 43% of young people aged 15 to 19 participated in risk prevention or well-being initiatives during the school year, such as school-based sessions with experts. The most frequently addressed topics were **bullying and cyberbullying** (79%), **psychoactive substance use** (63%), mindful internet use (51%), tobacco consumption (43%), and gambling (39%). Interventions focused less frequently on road safety (31%) and other miscellaneous topics (28%).

Participation in information and prevention initiatives on psychoactive substances is associated with a **greater awareness**. Students who took part in these programs report a greater ability to assess the risks of illicit drug use compared to peers who did not participate. Furthermore, among those who attended prevention interventions, 41% report having had the opportunity to use cannabis but choosing not to – a share that drops to 35% among those who did not participate in any activities.



Regarding **strategies to contrast road traffic accidents** linked to driving under the influence of alcohol or psychoactive and psychotropic substances, continues the inter-institutional protocol between the Department for policies against drugs and other addictions and the Department of Public Security in place since 2015¹³. This agreement aims to strengthen enforcement through

advanced organizational models. These include the use of specialized roadside laboratories, the combined deployment of medical and healthcare personnel from the State Police, and the adoption of cutting-edge procedures for collecting biological samples directly during operational roadside checks.

As part of these prevention efforts in 2025, 697 targeted operations were carried out nationwide. These operations established 920 checkpoints, deploying 5,055 officers and 1,116 State Police healthcare professionals. The initiative screened 23,648 vehicles and 33,099 individuals, resulting in **1,712 violations** for driving under the influence. Specifically, police issued **1,037 violations for driving under the influence of alcohol** (Art. 186 of the Highway Code), including 86 cases involving drivers under 21 and novice drivers. Additionally, **511 citations were issued for driving under the influence of drugs** (Art. 187 of the Highway Code), while 164 drivers tested positive for both substances. Overall, these operations led to the suspension of 1,390 driver's licenses, the seizure of 242 vehicles, and the confiscation of 5,893 grams of cannabinoids, 129 grams of cocaine, and 4 grams of synthetic drugs.



TABLE 3.II Prevention of alcohol and drug-related road accidents

¹²Source: National Research Council - Institute of Clinical Physiology (CNR-IFC)

¹³Source: Ministry of Interior - Department of Public Security - Traffic Police Service

A total of 25,246 individuals were checked and **breathalysed**; 77% were male and 48% were over the age of 32. Testing revealed a **positivity** rate of **3.7%** (representing **944** individuals) with blood alcohol concentration values exceeding 0.5 g/l. Broken down analytically, 47% of those who tested positive had a Blood Alcohol Concentration (BAC) between 0.5 and 0.8 g/l, 43% were between 0.8 and 1.5 g/l, while 10% of drivers exhibited critical levels exceeding 1.5 g/l.

Roadside **saliva screening** for psychoactive substance was conducted on 4,502 drivers, yielding **683 positive**

results (15% of those tested) for at least one substance. Among the most frequently identified substances were cannabinoids (398 cases), predominantly consumed by the 18-27 age group, and cocaine (201 cases), found mainly among drivers over 32. The remaining cases involved amphetamines (50 cases), opiates (34 cases), and benzodiazepines (10 cases).

Laboratory toxicological analyses subsequently confirmed the positive results in 91% of the cases initially detected on the roadside using screening devices (623 cases).

Hospital care*

In 2025, Italian **Emergency Departments** (ED) recorded **9,641 admissions directly attributable to drug-related conditions**, representing a 15% increase compared to the previous year¹⁴. These accounted for approximately 0.05% of all ED accesses during the year, consistent with the 2024 data. In most cases (60%), arrival at the ED occurred via the territorial emergency medical service (112 emergency phone number), while just under a third of patients arrived independently. Conversely, referrals from physicians or other healthcare services were marginal (1%). In nearly all ED accesses (92%), these were single events, with a limited occurrence of repeat visits (7.9%).

Analysis of the geographical distribution revealed marked regional variations in the burden of drug-related admissions across the population. Against a national average of **14 admissions per 100,000 residents**, values differed significantly across various areas of the country. Figures were lower in regions such as Campania, Apulia, Basilicata, and Calabria, where they did not exceed 6 admissions per 100,000 inhabitants. Conversely, they were significantly higher in Piedmont and the province of Bolzano, with incidences reaching 35 and 51 admissions per 100,000 residents, respectively.

The drug-related emergency department admissions were mostly among **males**, accounting for approximately seven out of ten cases (69%). Similarly, the age distribution revealed a higher concentration among individuals **aged**

25 to 44 (44% of admissions). At the same time, the involvement of both the youngest and oldest cohorts was non-negligible: minors accounted for 10% of admissions, while individuals over 64 represented approximately 8%.

From a clinical standpoint, the diagnostic landscape was heavily dominated by two conditions – **substance abuse without addiction** and **drug-induced psychosis** – collectively accounting for 93% of all admissions. **Addiction** made up a smaller share (6%), while poisoning episodes were marginal (less than 2%). Over the last three years, a slight increase was observed in abuse-related admissions (rising from 44% to 48%), accompanied by a moderate decrease in drug-induced psychosis (dropping from 49% to 45%), while the proportion attributed to addiction remained substantially stable.



TABLE 3.III Drug-related emergency department admissions in 2025

Admission data stratified by sex highlighted large disparities. While female admissions were heavily driven by substance-related psychosis (58% vs. 40% for men), particularly among older cohorts, male admissions were

** In Italy, Legislative Decree of 18 December 2008 is currently in force, according to which “clinical information contained in the hospital discharge record must be coded using the International Classification of Diseases, Injuries and Causes of Death, Surgical Procedures and Diagnostic and Therapeutic Procedures, Italian version 2007 of the International Classification of Diseases – 9th Revision – Clinical Modification (ICD-9-CM), and subsequent amendments and integrations, or any future revisions”*

¹⁴Source: Ministry of Health - General Directorate for Digitalization, Health Information System, and Statistics - Statistics Office - Data EMUR-PS

more frequently tied to abuse without addiction (52% vs. 37% for women), especially among younger individuals. Broadly speaking, aging correlated with a progressive shift in clinical presentation: psychotic manifestations rose steadily to become the dominant condition in older populations, whereas abuse conditions predominated among younger cohorts.

Regarding outcomes, approximately one in ten admissions resulted in hospitalization (10%; 914 patients). These patients were primarily admitted to psychiatric wards (39%), intensive care (19%) and general medicine (13%); smaller proportions involved paediatric wards (7%) and child neuropsychiatry departments (1%).



Data from hospital discharge records provide a valuable framework for evaluating the healthcare burden associated with psychoactive substance use. In 2024, the most recent year for which data is available, there were **7,043 hospitalizations with a primary diagnosis directly related to drugs** – a slight decrease (-5%) compared to the previous year. This equates to 8.8 drug-related hospitalizations for every 10,000 total admissions recorded in Italy during the year. Despite the recent annual dip, this incidence marks a long-term upward trend; for comparison, the rate was nearly 6 per 10,000 in 2012¹⁵.

Demographic analysis revealed a pronounced prevalence among **males**, who accounted for **71%** of hospitalizations. This reflects significantly higher hospitalization rates for men compared to women, at approximately 18 versus 7 admissions per 100,000 residents. Foreign nationals

accounted for around 10% of cases, a percentage that rose until 2017 before stabilizing from 2020 onward. In terms of age distribution, 27% of drug-related hospitalizations involved individuals aged 25 to 34, while 26% affected those between 35 and 44. The involvement of both the youngest and oldest cohorts is also notable: individuals under 25 accounted for 16% of cases, while those over 55 represented 13% of hospitalizations, with a significantly higher concentration among women (22% compared to 10% for men).

In 2024, the **average age** of individuals hospitalized with a drug-related primary diagnosis was approximately **39 years old**. This represents a decrease compared to the average ages exceeding 40 observed in the previous decade (42 years old in 2010 and 41 in 2015). The sex gap persists: female patients presented with a higher average age (approximately 42 years old) than men (37 years old). Over time, this decline has been more pronounced among women, whereas the average age for men showed more moderate fluctuations, generally remaining between 35 and 38. The highest hospitalization rates for directly drug-related causes were recorded among the 25-34 age group and the 35-44 cohort (29 and 25 per 100,000 residents of the same age, respectively). Lower values were observed among 15-24-year-olds (17) and 45-54-year-olds (14), followed by a progressive decline in older age groups (7 among 55-64-year-olds and 2.1 for those over 64). Over time, a long-term rate increase has emerged within adult age groups, particularly among 45-54-year-olds (rising from approximately 7 per 100,000 in 2004 to current higher levels) and 55-64-year-olds (increasing from around 3-4 to 7 per 100,000).

At the national level, the age-standardized hospitalization rate for pathologies directly related to the use of psychoactive substances was approximately **13 admissions per 100,000 inhabitants** in 2024, revealing significant regional disparities across the country. The phenomenon was heavily concentrated in the northern regions, which collectively accounted for 70% of all drug-related hospitalizations. Specifically, 43% of cases were concentrated in the northeast area – driven primarily by Emilia Romagna (26%) – while 27% occurred in the northwest, predominantly in Lombardy (18%). In these areas, the strain on the healthcare system was more pronounced: compared to a national average of 8.8 per 10,000 admissions, the northeast area recorded nearly 18 drug-related admissions for every 10,000 total hospitalizations (peaking at 25 in Emilia Romagna), while the northwest ones sat at 8.4. Since 2017 (with exception for 2020), this metric has stabilized between 8 and 9 per 10,000. However, this remains noticeably higher than historical figures; for context, the rate in 2012 was approximately 6 per 10,000 hospitalizations.

Analysing the specific substance directly responsible for hospitalization, nearly half of all admissions (**47%**) involved the **use of mixed or unspecified substances**. This trend was significantly more prevalent among women (57%) than men (43%). In 2024, **32%** of drug-related hospitalizations were attributed to **cocaine** consumption, followed by **opioids** at **13%**. Meanwhile, admissions linked to **cannabinoids** accounted for **7%**, and those associated with stimulants or hallucinogens represented 1%

Over the past decade, the substance profile for these hospitalizations has shifted, marked by a steady rise in cocaine and cannabinoid-related admissions alongside a concurrent decline in heroin and other opioid cases. For

context, in 2014, cocaine and cannabinoids accounted for just 12% and 6% of the total, respectively, while opioids dominated at nearly 24%.

Conditions of **addiction** accounted for **63%** of primary diagnoses directly related to substance use, while **35%** were attributed to forms of **abuse**. These figures reveal significant gender disparities: addiction was more frequent among men (69% compared to 49% among women), whereas a diagnosis of abuse was more common among women (49% versus 30% among men). Diagnoses of addiction were heavily concentrated within hospitalizations linked to the use of opioids and mixed or unidentified substances, while abuse diagnoses predominated in admissions associated with cannabinoid consumption. For hospitalizations directly attributed to cocaine use, conditions of addiction and abuse were distributed in substantially equivalent proportions.

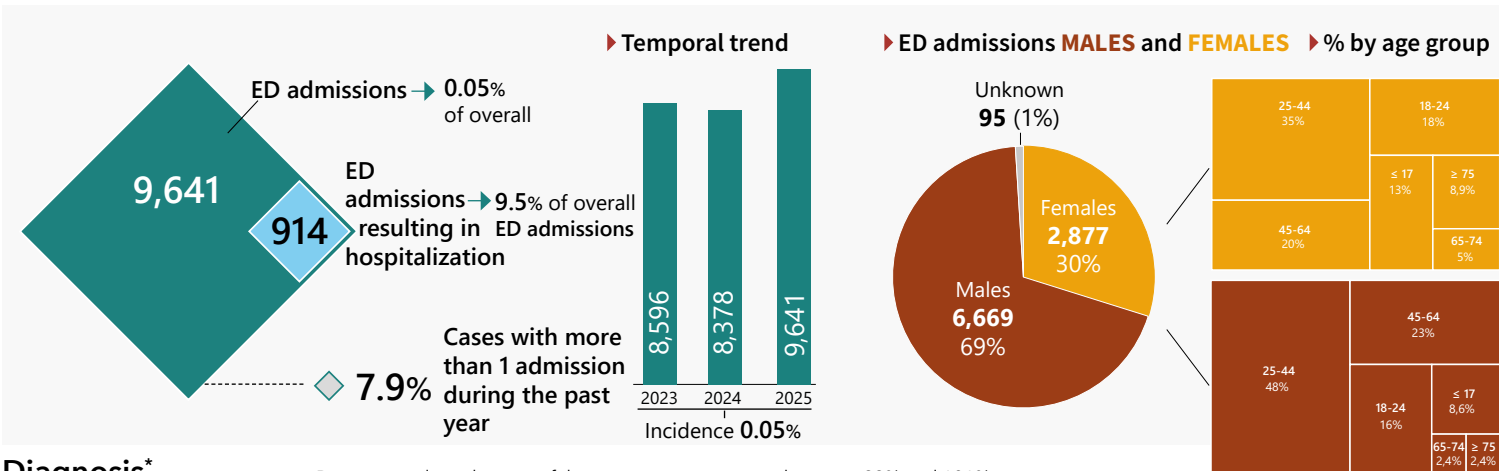


TABLE 3.IV Drug-related hospital admissions in 2024

Among the secondary diagnoses (up to a maximum of five recorded per hospitalization) mental disorders were the most recurrent (62%), showing similar rates between men and women. These were followed by diseases of the nervous system and sense organs (10%), which showed a significantly higher incidence among women (26% versus 4% among men). Other conditions, including cardiovascular, respiratory, and systemic diseases, remained at lower levels, hovering around 3% to 4%.

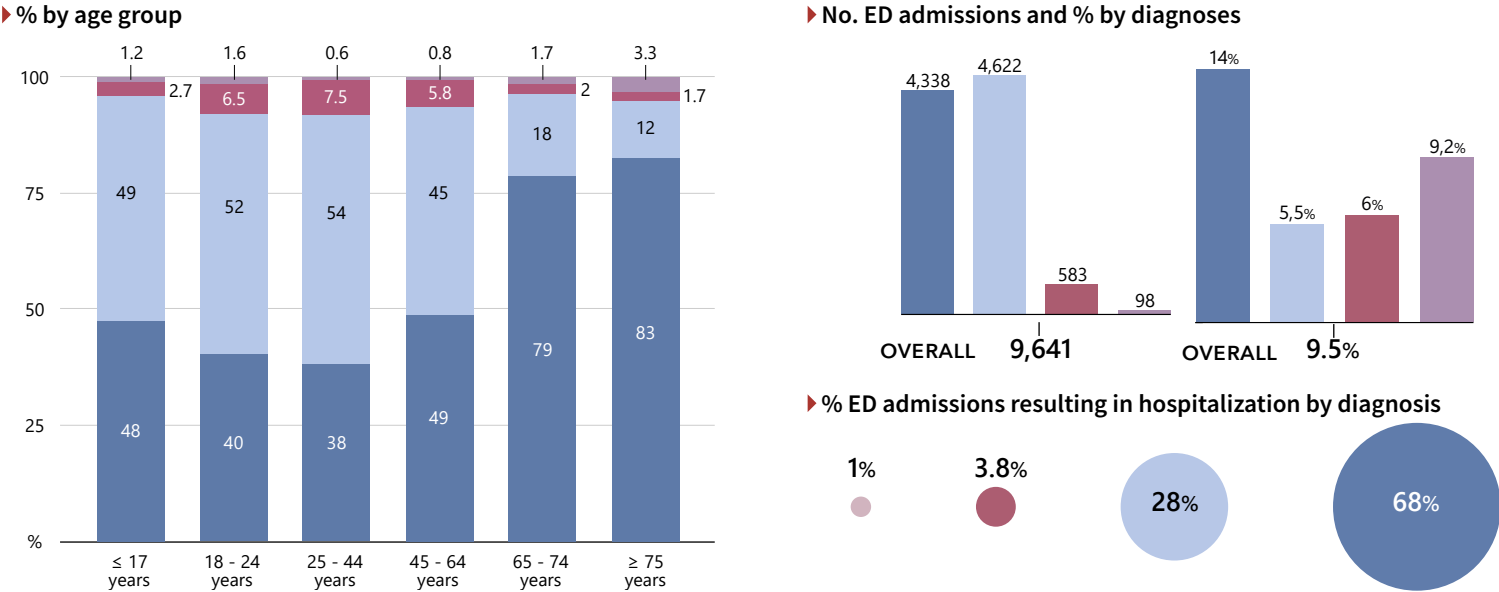
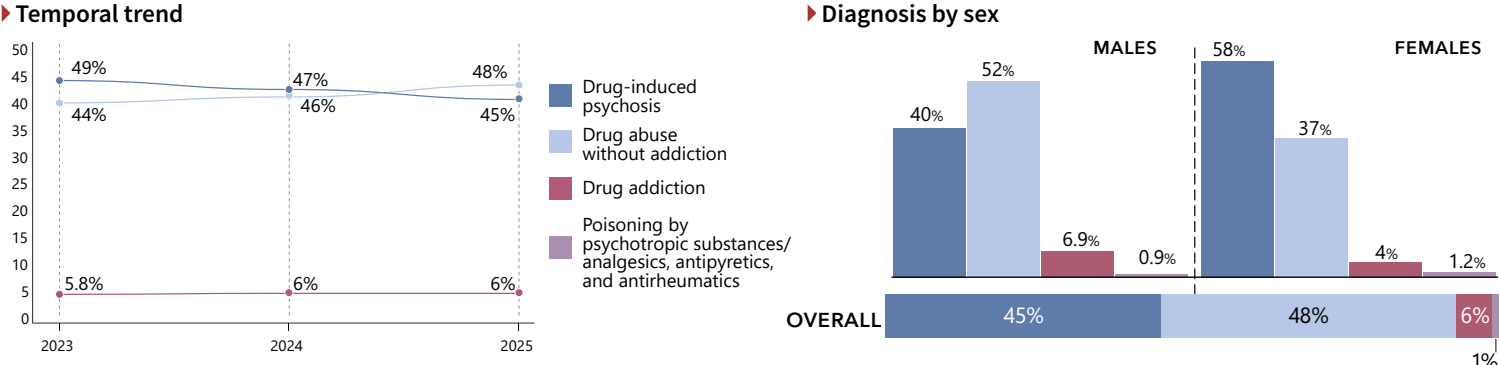
¹⁵Source: Ministry of Health - General Directorate for Digitalization, Health Information System, and Statistics - Statistics Office - Data SDO

Table 3.III Drug-related emergency department admissions in 2025



Diagnosis*

Due to rounding, the sum of the percentages may vary between 99% and 101%



*Diagnoses are defined according to the ICD-9-CM classification, Ministerial Decree of December 18, 2008

► No. ED admissions and rate per 100,000 residents

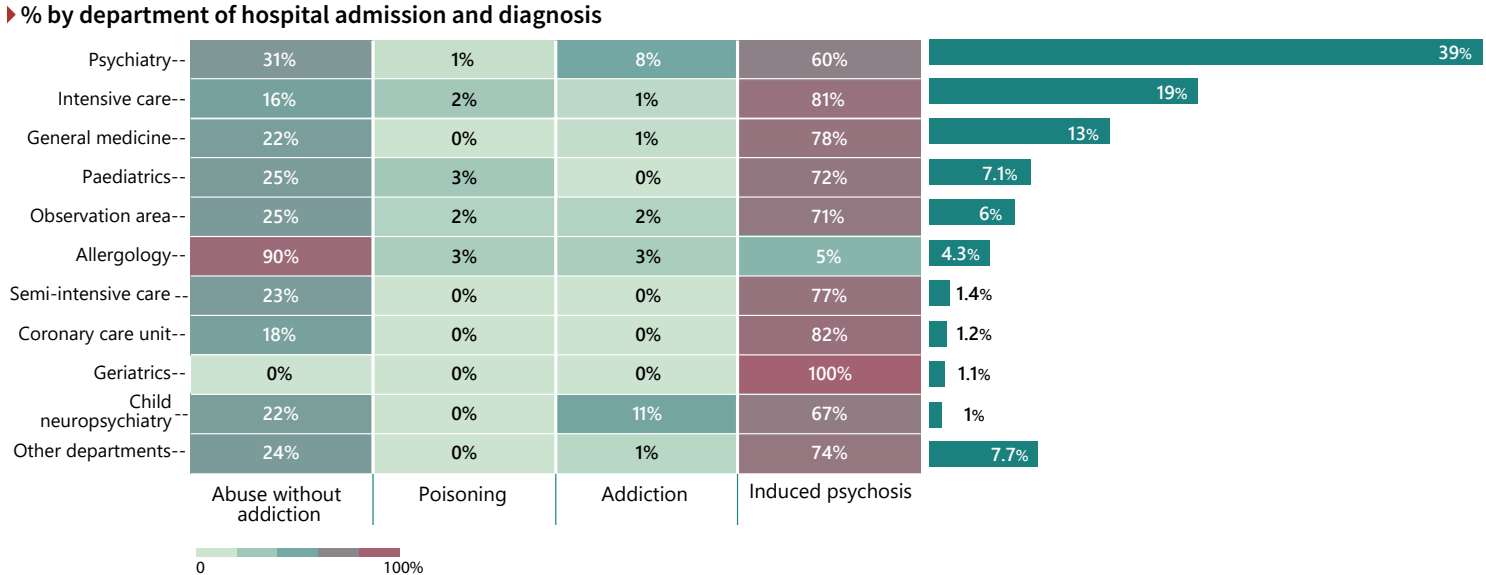
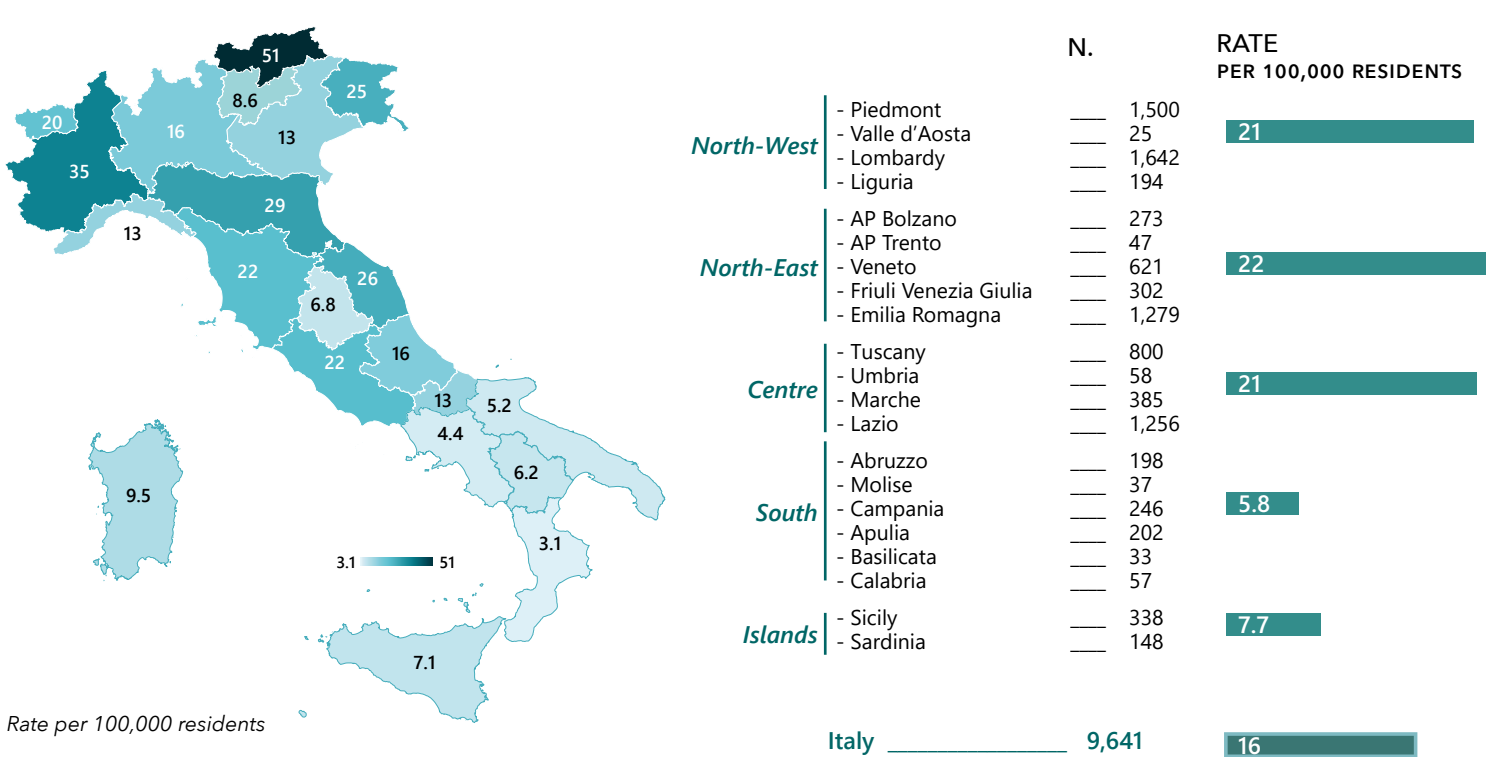
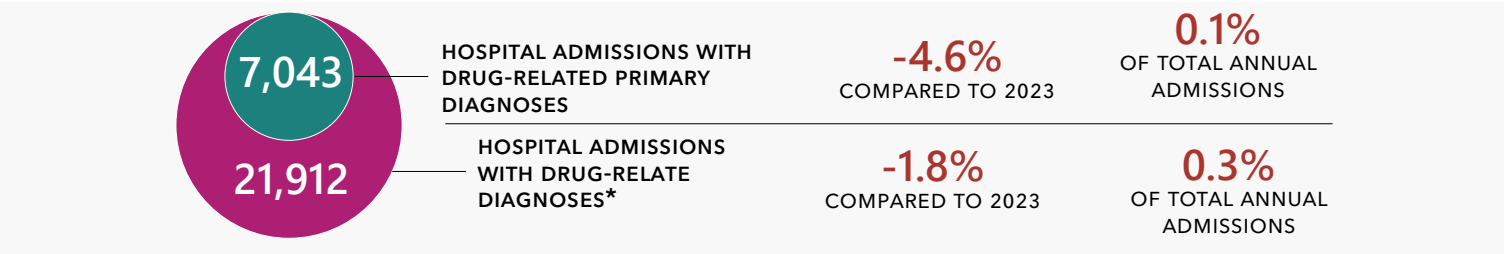
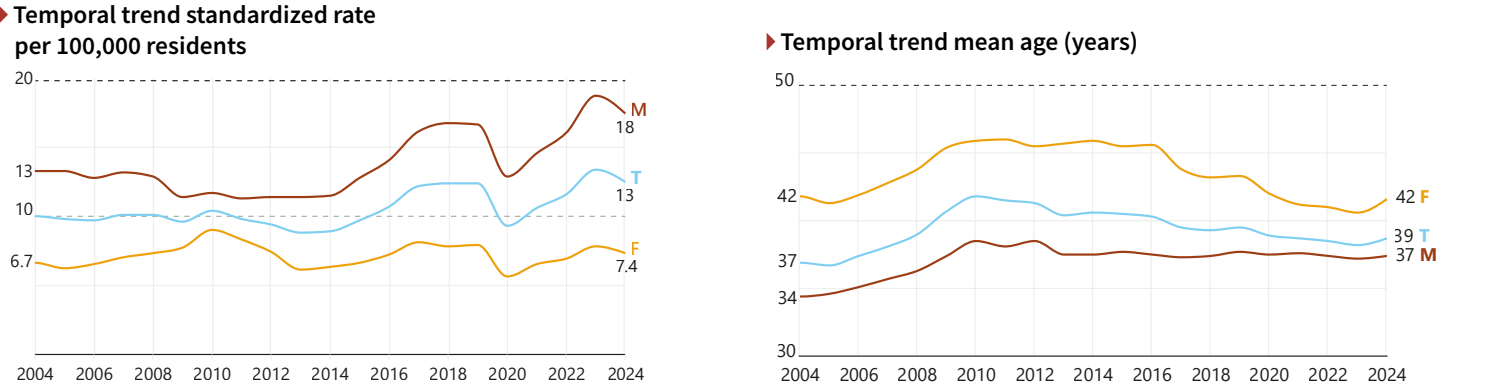
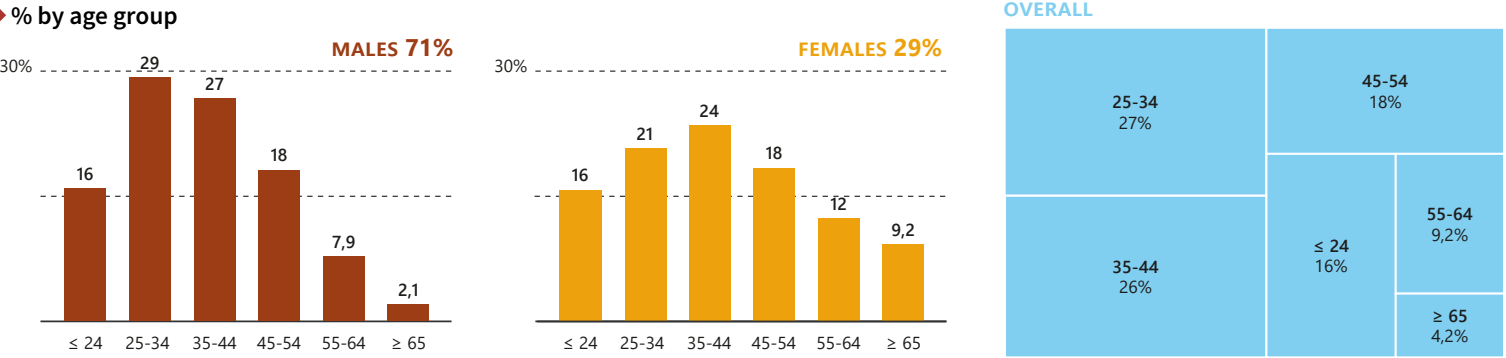


Table 3.IV Drug-related hospital admissions in 2024



Hospital admissions with drug-related primary diagnosis



When considering **all diagnoses recorded** on hospital discharge forms – **both primary and secondary** – the overall number of hospitalizations related to psychoactive substance use is significantly higher, totalling **21,912 cases** (a 2% decrease compared to 2023). This corresponds to 27 drug-related for admissions per every 10,000 total hospitalizations. Factoring in both direct and indirect causes, the comprehensive national burden stood at **39 hospitalizations per 100,000 inhabitants**. However, this average conceals marked regional disparities. The highest impact was concentrated in northern Italy, where rates reached approximately 45-50 per 100,000 inhabitants. Conversely, these figures dropped significantly in the Islands (32 per 100,000) and reached their lowest levels in southern Italy (23 per 100,000).

The analysis of the substances involved highlighted a higher prevalence of hospitalizations associated with **cocaine (39%)** and **cannabinoids (30%)** use, followed by those linked to **opioids (17%)** and, to a lesser extent, stimulants or hallucinogens (2%). Finally, a significant percentage (**35%**) involved cases with **multiple or unspecified substances**. Compared to the profile based solely on the primary diagnosis, these data underscore the growing impact of cocaine- and cannabinoid-related hospitalizations – which have increased since 2014 – and, conversely, a reduction in those attributable to opioids, which accounted for a larger share of the total in that same year.

Care delivery within Addiction Services

In 2025, the public Addiction Services (SerD – Servizi pubblici per le Dipendenze) provided care to **131,328 individuals for the use of illicit substances and/or psychotropic medications without medical prescription**¹⁶, marking a 3.5% increase compared to the 126,910 individuals in care recorded in 2024¹⁷. This figure does not correspond to the entirety of individuals in treatment at the SerDs, which, across all regions and autonomous provinces, also encompasses individuals receiving treatment for other forms of addiction (including alcohol, tobacco, gambling disorder, digital addictions, and other addictive disorders or risk behaviours), as well as individuals monitored for assessments and consultations. The component related to illicit substance use therefore **represents only a portion of the overall service user population**. This sits within the framework of the Ministry of Health decree dated 29 December 2023, which introduced the new National Information System for Addictions (SIND- Sistema Informativo Nazionale per le Dipendenze), expanding data collection to cover all health and social care interventions aimed at individuals with addictions or behaviours carrying a risk of substance use and misuse (including alcohol as a primary substance or behaviours such as gambling).

Over the past year, 88% of the 131,328 individuals in care by addiction services were individuals who had already entered pathways of care, and 85% were male.

When comparing the population of individuals receiving treatment by the addiction services, the national average was **223 individuals in treatment for every 100,000 inhabitants**, though featuring significant regional variations. The highest rates were observed in the central geographical macro-region (257 per 100,000 residents), with peaks in Marche and Umbria regions (336 and 355, respectively). Conversely, in the southern regions and the Islands, the incidence was more limited (196 and 189 individuals in care per 100,000 inhabitants, respectively), while northern regions sat at intermediate levels, substantially in line with the national average (230 individuals in care per 100,000 residents in the North-West and 228 in the North-East).



TABLE 3.V Assistance in outpatient services and treatment facilities in 2025

Age analysis highlights the predominance of adults within the service user population: **27%** were between **40 and 49 years old**, and **26%** were between **50 and 59**, collectively accounting for over half of the total patients (ts3%). Additionally, individuals aged 30-39 represented 22% of the population, showing no significant differences

¹⁶Source: SIND Work Group: Ministry of Health - General Directorate for Digitalization, Health Information System, and Statistics; Interregional technical group on Addiction - Health Commission of the Conference of Regions and Autonomous Provinces
¹⁷The number of individuals in active care reported for the year 2024 does not match the figure published in the previous Report to Parliament - Year 2025, which stood at 134,443 users. This discrepancy is attributable to the upgrading of the National Information System for Addictions (SIND), which involved a revision of data collection, extraction, and processing methods at both the central and regional levels. In fact, starting with the 2024 data collection, SIND was expanded to include not only treatments for substance and psychotropic drug addictions, but also those for alcohol addiction and gambling disorder. This evolution required a comprehensive update of the information flow architecture and regional systems, thereby impacting data comparability and resulting in variances even within the same fiscal year

between sexes. Younger age groups had a more limited impact, with 12% of individuals in care aged 20-29 and 2% under 19. However, these two younger cohorts showed slightly higher proportions among females (18% compared to 13% for males) and especially among first-time admissions (37% versus 11% among the retained cohort), with a higher incidence of females noted here as well (43% versus 36% for new male individuals in care). At the same time, older individuals (aged 60 or over) made up 11% of the population, with no disparities between sexes. Almost all individuals in this senior group were retained from previous years, highlighting challenges linked to chronicity and aging with complex health conditions.

Over time, the **progressive ageing of the individuals in care** has become **increasingly** evident: the proportion of individuals aged 40 and over rose from 11% in 1999 to 40% in 2009, reaching 63% in 2019 and 65% in 2025. In line with this trend, the **average age** stood at **43 years** in 2025, with no significant differences between sexes, reflecting the growing weight of the average age of individuals already in care (45 years old compared to 37 years old for new individuals in care).

The primary substances most frequently leading to access to treatment among this population were opiates 57% or heroin (54%); 24% accessed treatment for cocaine, 3.9% for crack, and 13% for cannabinoids.

However, **among first-time accesses, there is a predominance of substances other than opioids**. Specifically, 40% of the male population entered care for primary cocaine use plus another 8% for crack, followed by 32% for cannabinoids and 16% for opioids. A similar picture is observed for female in care, with 34% admitted

for primary cocaine use, 29% for cannabinoids, and 21% for opioids – the latter percentage being slightly higher than that recorded for males.

The picture is vastly different among individuals already in care, for whom opiates remained overwhelmingly prevalent (over 60% across both sexes), whereas cocaine, crack, and cannabinoids had a more limited impact, standing at 23%, 3%, and 11%, respectively.



TABLE 3.V Outpatient assistance

Observation of data over the long term highlights a progressive transformation of the consumption profile. The **percentage of individuals in care for opiates has steadily decreased**, falling from 87% in 1999 to 70% in 2009, down to the current 57%. In parallel, the **percentage of individuals in care for the primary use of cocaine and crack has risen**, increasing over the same period from 4.4% to 16%, up to 28%. An increase was also recorded for the proportion of individuals treated for primary cannabis use, albeit more contained, moving from 8.2% in 1999 to 9.3% in 2009, and reaching 13% in 2025. This **evolution** has been **particularly evident among first-time patients**, among whom cocaine, along with crack, has assumed an increasingly central role – surging from 31% in 2015 to the current 48% – while admissions to services for primary opiate use have progressively dropped from 37% to approximately 17% over the last decade.

Regarding new patients in care for primary opiate use, the vast majority were concentrated in older adult age groups: 61% were between 30 and 49 years old and 25% were over 50. Among the individuals already in care for primary opiate use, these proportions were skewed even further towards older ages, with 43% aged between 30 and 49 and 53% over 50. Conversely, the age profile of individuals in care for cocaine or crack was younger: among new individuals in care, 64% were between 25 and 44 years old, and 9% were under 25. Among those already in care, these same shares stood at 57% and 2.9%, respectively.

Among the individuals in care for cannabinoids, the concentration among younger demographics was even more noticeable: among first-accesses, over half (54%) were under 25, and a further 27% fell between 25 and 34 years old. Even among those already in care these percentages remained significant, despite a more balanced distribution, standing at 29% and 34%, respectively.

When **secondary substances** are factored into the analysis, the overall picture becomes more complex and noticeably different. The relative weight of **cocaine** and **cannabinoids increased twofold**, involving 40% for of cocaine plus 5.4% for crack and 28% for cannabinoids; figures remained relatively stable for opiates, which remained at 61%.

The analysis of **poly-substance use** (poly-use) highlights differing patterns of use depending on which is the primary drug. Among individuals in treatment for primary cannabinoid use, just over half report exclusive use (57%), while the remaining combined it with other substances: 18% associated it with one additional substance and 29% with two or more, frequently in combination with cocaine or alcohol. A somewhat similar pattern was seen among

individuals in care for cocaine, although with a higher prevalence of combined use: 45% used this substance exclusively, while the remainder associated it with one or more other substances (17% with one additional substance and 38% with at least two). Poly-use appeared even more pronounced among individuals in treatment for opiates, where the percentage recording exclusive use was more limited: 18% associated it with another substance, and 44% used at least two additional substances. Overall, the substances most frequently used in combination were cocaine, cannabinoids, and alcohol, involving 30%, 28%, and 19% of poly-users, respectively.

A particularly critical element in the analysis of the treated service user population concerns **injecting drug use**: among the 108,427 individuals in care for whom this information was available (approximately 83% of individuals in care), **34%** had resorted to this method **at least once in their lifetime**. This percentage included 7% of first-accesses, 38% among those already in care, and reached 55% among individuals in treatment for opiate use. Use by injection was still current practice for 63% of individuals.

In terms of main **substances of first use** among individuals in care in 2025, this is often also the primary substance for which they seek care. Among individuals in care for heroin, this was the first substance of use for approximately 60%; however, for 24%, the substance of first use was cannabis, for 4.2% it was cocaine, and for 8.4% it was other substances. Similarly, among individuals in care for cocaine, the majority (57%) started with cocaine, approximately a quarter with cannabis (24%), 3.4% with heroin, and 6.9% with other psychoactive substances. A very similar picture is found for individuals in care monitored for the primary use of crack, among whom just over half (55%) started directly with this substance, while

20% started with cannabis and 7.9% with cocaine.

The picture is different for cannabinoids, where continuity is more pronounced: 80% of individuals in care in treatment started with the same substance, while transitions from other substances remain more limited. Overall, cannabis is confirmed as a particularly widespread substance of first use, representing a significant starting point even for those who subsequently enter treatment for heroin or cocaine (approximately 24% in both cases).

Regarding the **average latency period** – the time elapsing between the age of first use and that of first treatment – in 2025 it stood at approximately **8 years** (8.5 years among males and nearly 7 years among females). Against a relatively stable age of initiation, at around 21-22 years old, the average age of first treatment is at around 30 – an increase compared to the 27 years recorded in 2014. Indeed, over time, the latency period has progressively lengthened, rising from approximately 6 years in 2014 to 7 years in 2020, up to the current 8 years. It must be emphasised, however, that this indicator should be interpreted with caution due to the high proportion of missing data (53%), which limits its representativeness.

Particular attention must be paid to the presence of **co-occurring psychiatric conditions** among individuals in care. In 2025, approximately **6%** of individuals in care had a diagnosed psychiatric disorder. The most common diagnoses were personality and behavioural disorders, which accounted for over half of all cases (55%), followed by schizophrenia and other functional psychoses (17%), and neurotic and somatoform disorders (16%). The presence of mood disorders was lower: depression accounted for approximately 3% of cases, while manic or

bipolar disorders made up 2%. The remaining 4% of cases involved other mental health condition

During 2025, the public Addiction Services (SerD) delivered a total of **18,600,867 interventions** to individuals in care for the use of illicit substances and/or non-prescribed psychotropic medications. **79%** of the interventions provided were **pharmacological**, such as the administration of medications and vaccines, and **10%** were of a **general medical nature**, including clinical examinations, medical consultations, and preventative activities for related pathologies. **Psychosocial interventions**, including supportive counselling, psychotherapeutic sessions, and socio-educational activities, accounted for **6%** of the total, while the remaining **5%** were of a **different nature**, encompassing activities such as the drafting or review of individualised treatment programmes, case reports, prescriptions, and certifications.

When considering these interventions against the 131,328 individuals in care, the data shows that over half (55%) received pharmacological interventions, averaging approximately 202 per individual in care. Additionally, 75% benefited from psychosocial interventions, with an average of 12 interventions per individual, while 82% of individuals in care were provided with non-pharmacological medical care, averaging around 17 per capita. Furthermore, 74% of the population received interventions other than medical and psychosocial care, averaging 9 per individual in care, and 3% were placed on residential therapeutic pathways – a figure that is significantly under-reported compared to the actual number of patients entering this path – averaging 3 interventions per capita.

At a regional level, the rate of delivery of different

intervention types varies considerably. Pharmacological interventions, which ranged from 20% in Marche to 94% in Campania, have reached or exceeded 85% in Piedmont, Valle d'Aosta, Tuscany, Molise, and Campania, while settling at or below 60% in Lombardy, Marche, Abruzzo, Sicily, and Sardinia.

Similarly, general medical interventions differ widely across the country, from a minimum of 2.6% in Campania to a maximum of 30% in Sicily. In Lombardy, Veneto, Marche, Sicily, Sardinia, and the Autonomous Province of Bolzano, they exceeded 22% of the total, whereas in Piedmont, Valle d'Aosta, Molise, and Campania, they accounted for less than 5%.

Psychosocial interventions ranged from 2% in Campania to 23% in Marche. They accounted for 15% or more of the total workload in Lombardy, Marche, Abruzzo, Sicily, and the Province of Bolzano, but dropped to under 5% in Tuscany, Lazio, Molise, Campania, and Apulia. Finally, administrative and other non-clinical interventions reached a peak of 32% in Marche region.

Substitute treatment was administered to **44%** of the 126,071 individuals in care of the Addiction Services across 20 Italian regions. **Methadone** remained the most common medication, prescribed to approximately **78%** of the total patient population. In contrast, **suboxone** and **buprenorphine/naloxone** saw more limited use, accounting for **12%** and **10%** of cases, respectively. A breakdown by sex reveals distinct variations: methadone was prescribed to 84% of female patients on substitute

therapy, compared to 77% of male patients. Conversely, suboxone was administered to 11% of the male cohort on substitute treatment, but just 5% of the female cohort.



As of **31 December 2025**, a total of **17,358 individuals** were receiving treatment across the 766 therapeutic facilities participating in **Ministry of the Interior's semestral information flow**¹⁸. The vast majority was housed in residential facilities (68%), with 9% in semi-residential care and 23% supported by outpatient services. Geographically, over half of these individuals in care (52%) was in care in facilities in northern regions, with notable concentrations in Lombardy (18%), Emilia Romagna (12%), and Veneto (12%). Central regions accounted for 26% of the national total, driven heavily by semi-residential and outpatient services in Lazio, which looked after 32% and 35% of the country's individuals in care in those respective settings. Southern regions and the Islands accounted for 17% and 5% of the treated population, respectively.

Throughout 2025, the total number of **individuals in care** under Third Sector (non-profit) services reached **23,970** – almost identical to the 23,977 individuals in care recorded during 2024 – with 84% of the cohort being male. At a national level, the treatment rate stood at 54 individuals in care for every 100,000 residents aged 15-74, peaking in central regions at 89 and dropping to its lowest in southern regions at 23.

An analysis of the caseload by age¹⁹ reveals that nearly half

¹⁸Source: Department for General Administration, Civil Administration Personnel Policies, and Instrumental and Financial Resources - Central Directorate for General Administration and Prefectures - Territorial Offices of the Government - Office V - Studies, Research, and General Documentation

of the individuals in care (47%) were over 40 years old, with 29% aged between 31 and 40, and 15% between 25 and 30. Young people under 25 accounted for approximately 10% of the total. Over time, the figures show a clear trend towards an ageing service user population. Between 2021 and 2025, the proportion of individuals aged over 40 rose from 44% to 47%.



TABLE 3.V Assistance in therapeutic facilities

Looking at the **primary substances** of treatment²⁰, **46%** of individuals in care were admitted for primary **cocaine/crack** use – a figure that has climbed steadily in recent years, up from 38-39% between 2021 and 2022, and 41% across 2023 and 2024. Conversely, **25%** were treated for primary **heroin/other opiate** use, marking a progressive decline from past rates of 33% in 2021 and 29% in 2023. Lower percentages were recorded for primary **cannabis** use (**7%**) and other illicit substances (around 2%), with no significant gender differences. **Alcohol**, however, was the primary substance of treatment for **20%** of all individuals in care, accounting for a higher proportion among females (24% compared to 19% for men). Overall, the proportions of individuals in treatment for cannabis (7-8%) and alcohol use (19-21%) have remained largely stable over the last few years

¹⁹The data for 2% of the population in care is unavailable

²⁰For 4% of the population in care, the primary substance is unavailable

²¹Source: Exploratory study on Third Sector services conducted by National Research Council - Institute of Clinical Physiology (CNR-IFC), in collaboration with the Presidency of the Council of Ministers - Department for policies against drugs and other addictions

During 2025, **Third Sector services** participating in the **Exploratory study**²¹ took on a total of **over 17,000 individuals in care**. Of these, 79% received care within residential or semi-residential facilities, while the remaining cohort was supported in an outpatient setting. In parallel, services dedicated to preventing drug-related conditions reached more than 35,000 individuals, the vast majority of whom (82%) were male.

Looking at individuals in care in residential and semi-residential pathways, **males** are overwhelmingly in the majority (**81%**), and there is a significant proportion of new accesses: 55% were admitted for the first time during the year. In terms of age breakdown, **42%** of individuals in care fall into the **30-44 age** bracket, a closely identical proportion are aged 45 or over, and 21% are under 30.

An analysis of socio-demographic characteristics highlights that 66% of individuals in care have a lower level of education, having a lower average school education or lower level secondary school at most. Regarding employment status, unemployment is highly prevalent at 66%, compared to 12% in regular employment and 9.6% in occasional work. In terms of living arrangements prior to entering therapeutic facilities, 65% had stable accommodation, 12% came from a prison environment, and 10% were homeless. Finally, 41% lived with family, while 29% were living alone.

Regarding the substances driving treatment intake, **36%** of individuals in care were treated primarily for **cocaine or crack** use – which was predominantly snorted or smoked in 56% of cases. This was followed by **alcohol** consumption (**23%**), **opiate/opioid use** (**12%**, with injection being the primary route of administration in 60% of cases), and **cannabis** (**6.2%**). **Gambling-related problems** accounted for **1.1%** of the caseload, while less than 1% was attributed to other behavioural issues. Overall, **73%** of individuals in care exhibited **poly-substance use**, with cocaine/crack, alcohol, and heroin or other opiates being the most frequently combined substances.

Turning to the **care pathways provided**, the majority of individuals in care in residential and semi-residential settings participated in **group interventions** (**66%**) and received **psychological support** (**65%**). Individual psychotherapy involved 54% of users, while 40% took part in peer-led mutual aid groups. Additionally, 24% were enrolled in integrated treatment programmes, with roughly 30% of this subgroup receiving opiate substitute treatment. Furthermore, 30% of individuals in care were prescribed psychiatric medication for co-occurring mental health disorders.

As of **31 December 2025**, there were **20,767 individuals with drug addiction** in Italian prisons, representing **33% of the total inmate population** – PLIP (63,499 people). This is highly consistent with the 32% recorded in 2024²². Within this dependent prison population, 96% were male and 34% were foreign nationals.

²²Source: Ministry of Justice - Department of Penitentiary Administration

Geographically, the user basin was heavily concentrated in northern prisons, which accounted for 45% of PLIPs with addictions, followed by the south and Islands (33%) and the central region (22%). Even when measured against the total prison population, the prevalence of detainees with addictions was highest in the north, representing 41% of those held in north-western prisons and 38% in the north-eastern, compared to 36% in central Italy and lower figures of around 24-25% in southern and island regions. At a regional level, this share ranged from under 20% in Calabria and the Autonomous Province of Trento to over 45% in Valle d'Aosta, Lombardy, and Emilia Romagna, where it peaked at 53%.



TABLE 3.V Assistance to persons living in prison - PLIPs

During the year, prison **admissions of PLIPs with drug addictions** reached **17,308**, accounting for **41%** of the total 42,005 receptions. This northern concentration was also evident among new receptions, with the proportion reaching 47% in northern prisons and exceeding 60% in Valle d'Aosta, Emilia-Romagna, and the autonomous province of Bolzano. In central and southern areas, the share sat at around 39-40%, while dropping to 26% in the Islands.

Healthcare for detainees with addiction is provided by local NHS trusts through **39 prison-based Addiction Services** (SerD) and 151 specialist addiction teams operating across the country’s 189 correctional institutions²³.

To supplement the data provided by the Ministry of Justice, and to satisfy national and international reporting requirements, the Department for policies against drug and other addictions launched a dedicated survey in 2022. Supported by a web platform, this survey targets addiction leads within Regional Administrations and/or Local Healthcare trusts. Over the last three years, this system achieved broad coverage, capturing 97% of prisons and a matching proportion of the treated population – marking a steady increase from previous years (89% in 2024 and 85% in 2023).

Throughout 2025, **32,823 PLIPs received at least one care intervention** from Addiction Services **for drug-related issues**, a volume estimated to represent roughly **32%** of the past year’s prison population²⁴. This proportion – which stood at 27% in 2024 – is highly consistent with the figures provided by the Ministry of Justice, underscoring the urgent need to implement a dedicated data flow within the Ministry of Health’s SIND framework.

Males made up **97%** of the patient population in care, while **45%** were **new individuals in care** and 34% were foreign nationals.



TABLE 3.V Assistance in outpatient services and treatment facilities in 2025

In terms of average age, new individuals in care averaged 37 years of age, making them slightly younger than the existing cohort, whose average age was around 40. Age differences between males and females were negligible, with almost identical baselines (39 and 40 years old, respectively). However, a more pronounced divergence emerged based on nationality: Italian nationals had a higher average age of approximately 41, whereas foreign nationals were significantly younger, averaging 35 years old. This demographic gap is clearly reflected in the age distribution: among foreign PLIPs, roughly 32% were under 30 and 36% were aged between 30 and 39. Among Italian nationals, these same shares were much lower (16% and 30%, respectively), offset by a larger presence in older adult age brackets.

Over the past year, **54%** of treated PLIPs were taken into care for primary **cocaine/crack** use. This proportion remained entirely consistent between new individuals in care and those already enrolled in care pathways, as well as between Italian and foreign nationals. The main divergence was sex-based: among men, the prevalence reached 55%, whereas among females it stood at a significantly lower 37%.

Opiates/opioids represented the second primary cause of treatment, affecting **20%** of PLIPs in treatment overall, with significant variations across sex: among female detainees, the proportion of treatment intake for these substances exceeded one-third of cases (36%), highlighting a substantially higher incidence compared to that observed among males (19%). Similarly, admissions to services for opiate/opioid use were more frequent among detainees of Italian nationality (23%) than foreign nationals (15%), and among existing individuals in care (22%) compared to first-accesses (16%).

Cannabis and its derivatives represented the primary treatment substance for a more limited share of the population, standing at **13%**. This drug profile showed a slightly higher incidence among new service users (15%) and individuals of foreign nationality (15%), while remaining at lower levels among existing service users (12%), females (11%) and detainees of Italian nationality (11%).

Regional-level analysis reveals distinct profiles that highlight local variations in substances associated with treatment intake. In Lombardy, Campania, and Sicily, the primary use of cocaine/crack was highly prominent, significantly outstripping the national average to reach 63% to 64% of the treated PLIPs. In contrast, other regions showed a higher incidence of treatment for primary opioid use; in Friuli Venezia Giulia, Umbria, and the Autonomous Province of Trento, over 40% of individuals were assisted for these substances. This contrasts sharply with Lombardy and Sicily, where the proportion of PLIPs treated for opioids was much lower, remaining below 11%. Finally, treatment for primary cannabis use was substantially

higher than the national average in Liguria and Sardinia (exceeding 26%), as well as in Friuli Venezia Giulia and the Province of Trento, where rates hovered between 21% and 22%.

During 2025, the **predominant treatment** provided to individuals in detention – based on information from the 41,770 reported treatments – was **integrated treatment** (combining pharmacological and psychosocial interventions), which was offered to **68%** of the total service user population. This was accompanied, to a lesser extent, by **exclusively psychosocial treatments (18%)** and those of a **purely pharmacological nature (9%)**, while **educational interventions** remained minimal (**2%**). Furthermore, a 3% share involved placement in therapeutic communities as part of alternative measures to detention.

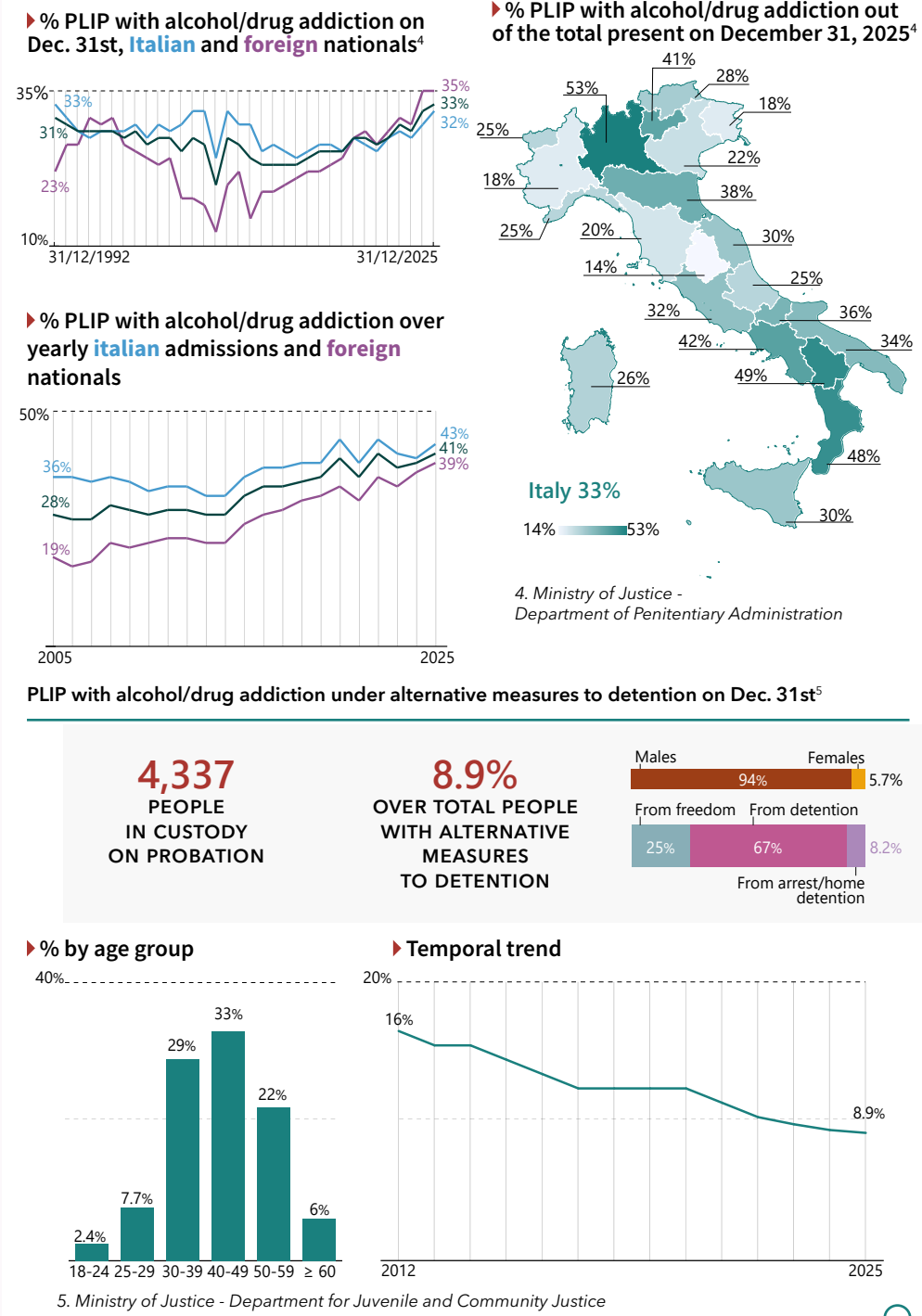
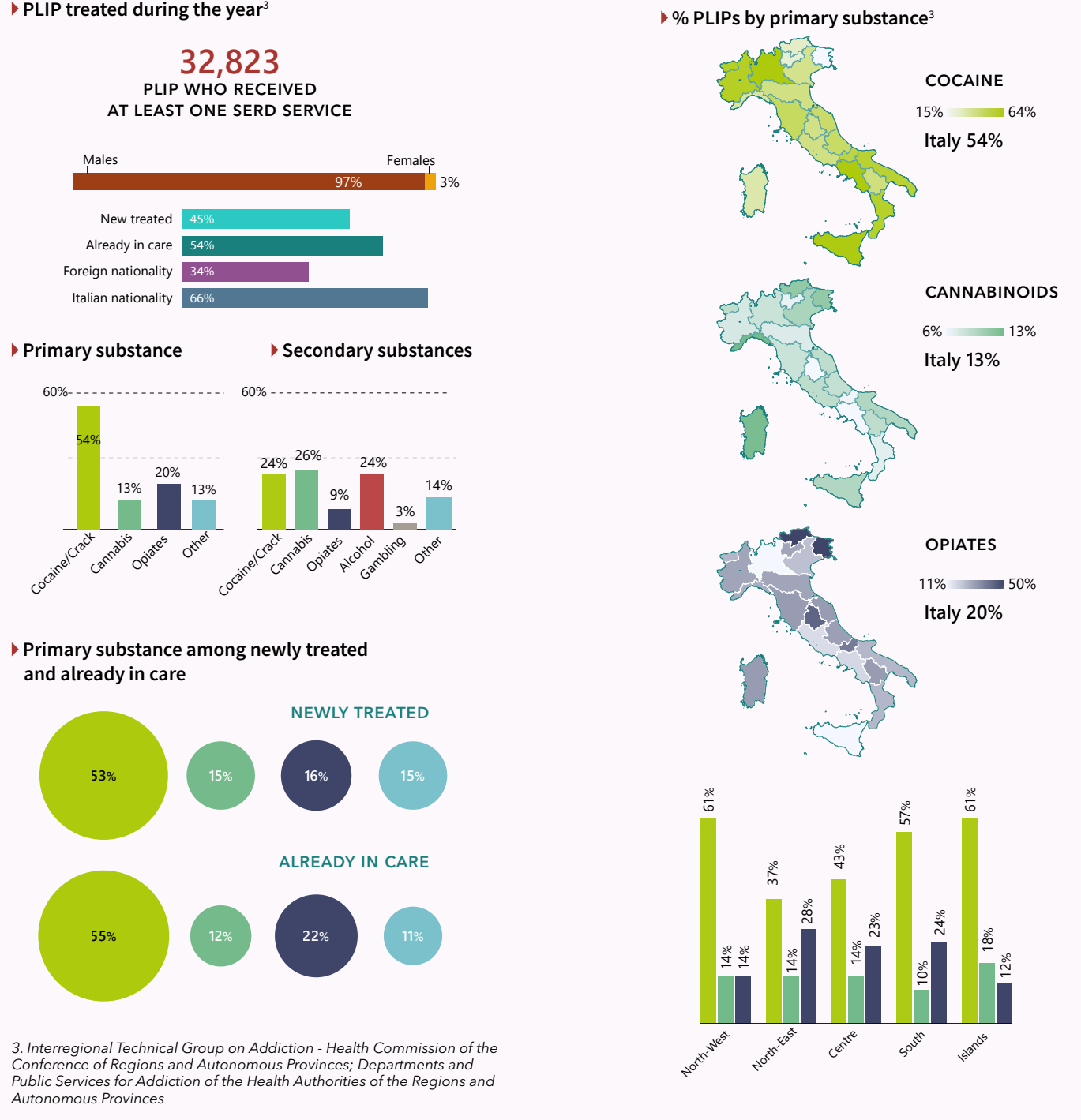
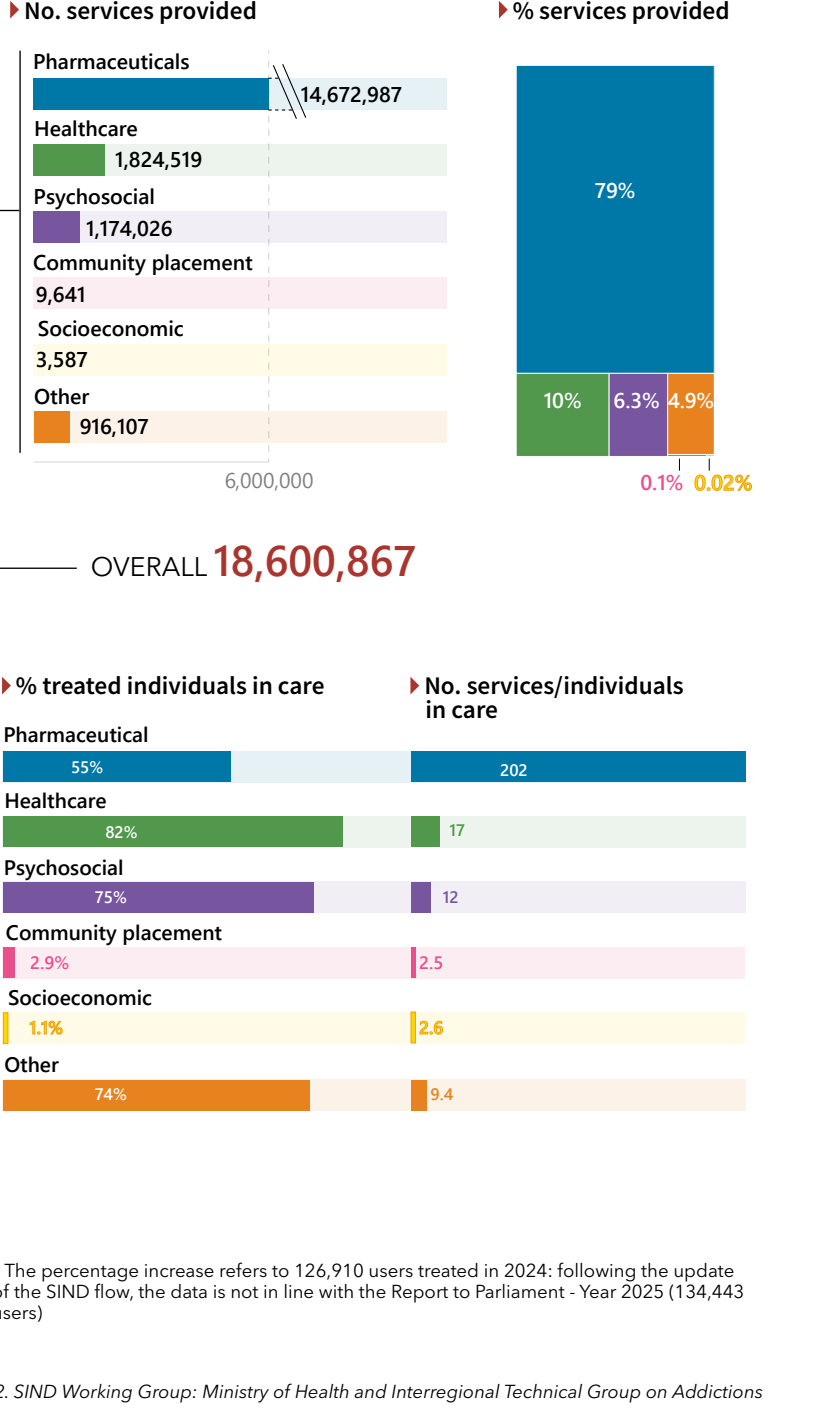
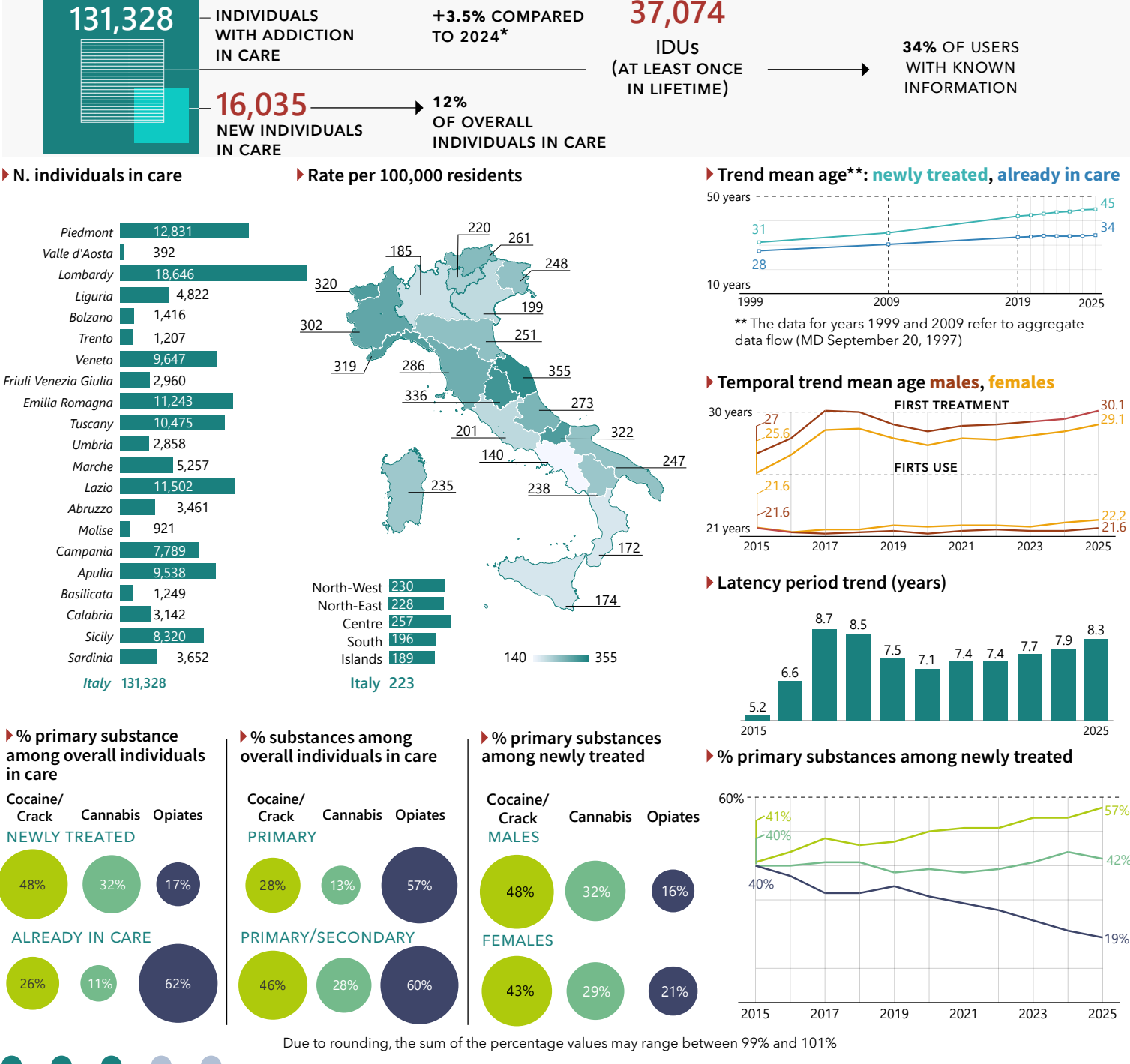
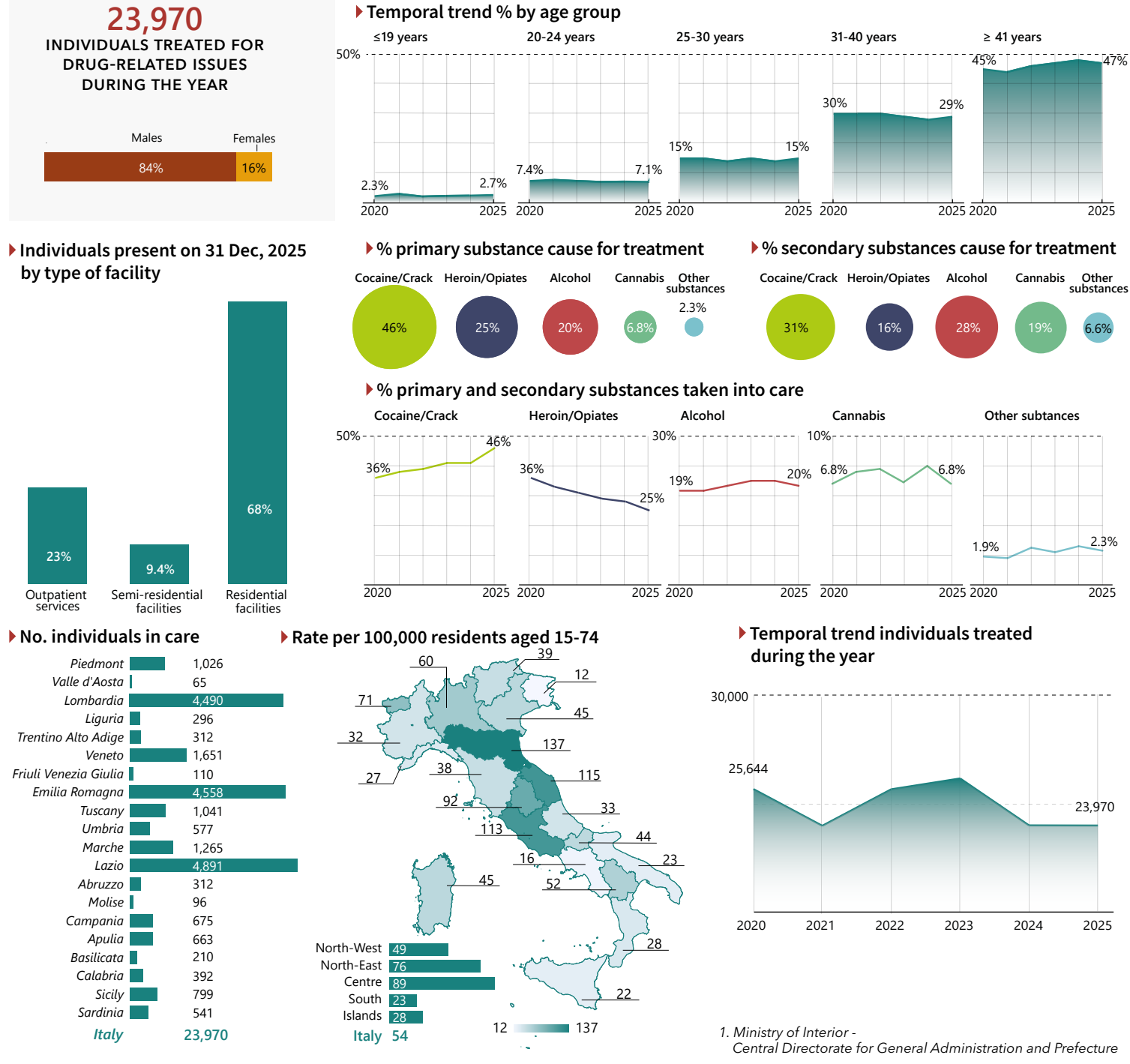
The distribution of treatment modalities varied according to the primary substance used. Among individuals in care for opioid and cocaine use, there was a stark predominance of integrated treatment, accounting for 72% and 63% of interventions, respectively. In the case of opioids, however, there was also a notable presence of both exclusively pharmacological treatments and psychosocial interventions, each standing at 10%, indicating a degree of diversification in care management strategies.

Regarding cocaine, a significant percentage of interventions (25%) consisted of pathways based solely on psychological support – an approach that was even more pronounced in treatments aimed at individuals with primary cannabis use, for whom psychosocial interventions reached 28% of the total, assuming a central role in care pathways.

²³Sources: Interregional technical group on Addiction - Health Commission of the Conference of Regions and Autonomous Provinces; Public Departments and Services for Addiction of the Health Authorities of the Regions and Autonomous Provinces

²⁴The estimate of the annual prison population is based on PLIPs present on 31 December and the total annual entries

Table 3.V Assistance in outpatient services and treatment facilities in 2025



Finally, the use of external rehabilitation facilities as an alternative measure to detention, while remaining limited overall, affected to a greater extent individuals in treatment for opioids (6%) and cocaine (5%), whereas it was more constrained among service users treated for cannabis (2%).



As of **31 December 2025**, the number of individuals serving **alternative measures to detention** reached **48,854**, marking a 5.4% increase compared to the same date of the previous year²⁵. Within this landscape, **4,337** individuals were **placed on probation for specific alcohol and drug-related issues**, accounting for **8.9%** of the total individuals managed by the Offices for External Penal Execution (UEPE) for this measure. Although these specific probationary placements saw a growth of 2.8% compared to 2024, their percentage weight relative to the entire complex of alternative measures has experienced a steady decline in recent years, dropping from 15% in 2015 to less than 9% in 2025.

In detail, breaking down the data, 67% of probations specifically granted to individuals with alcohol and drug-related issues were awarded to persons transitioning from a state of detention, 25% from a state of freedom, and 8.2% from home detention or house arrest. The demographic profile of those placed on probation showed a stark predominance of men (94%) and Italian nationals (85%). Regarding age distribution, one-third of the service users were between 40 and 49 years old, 29% were between 30 and 39, and 22% were between 50 and 59; the share of

young individuals under 30 stood at 10%, while 6% were over the age of 60.

During 2025, a total of **6,861 individuals with alcohol and drug addiction** were **monitored by the UEPE for alternative measures** (encompassing both new intakes and active ongoing cases). This figure represented approximately **8%** of the total individuals monitored and showed no variation compared to the previous year.

Regarding the revocation of alternative measures in 2025, the proportion of interrupted orders for individuals entering from a state of freedom accounted for 29% of all concluded proceedings. Within this scope, the primary reason was a failure to comply with the individual therapeutic program (81%), while the commission of new offences triggered 8.1% of the interruptions. Conversely, among those transitioning from detention or house arrest, the revocation rate was significantly higher, standing at 55%. For this cohort, 76% of cases were caused by a negative treatment progression, and 3.8% by the commission of new offences. However, it is important to note that establishing a definitive framework for withdrawal requires an observation window adjusted to the natural conclusion of these measures.

An additional alternative sanction is represented by **community service**, which is applied to individuals not in detention for violations of the Highway Code and in specific cases involving violations of the Consolidated Law on Drugs (art. 73 of Presidential Decree No.309/1990). In 2025, 8,199 individuals benefited from this measure, marking a 14% decrease compared to the previous

year. Of these, **593** had been convicted of drug-related offences, constituting **7.2%** of the total community service caseload. The prevalence of this sanction for individuals who committed substance-related offences has stabilized over the last three years at around 7% to 8%. In terms of demographics, 51% of recipients were between 30 and 49 years old, 16% were under 30, and one-third were at least

50 years old. Among the activities performed, services in the social-assistance and healthcare sectors predominated (67%), followed by the maintenance of public property and services (8.8%), tasks aimed at enhancing the professional skills of the individual (9.8%), and interventions to protect environmental and cultural heritage (5.1%).

²⁵Source: Ministry of Justice - Department of Juvenile and Community Justice

 Cannabis
 Cocaine/crack
 Heroin/other opiates
 All

 None

Map of Italy showing the number of COVID-19 cases per region. The map is color-coded from light blue (low cases) to dark blue (high cases). A legend on the left shows the number of cases for each region, ranging from 8.2 for Umbria to 2.3 for Campania. A legend on the right shows the number of cases for each region, ranging from 3.6 for Abruzzo to 2.3 for Campania.

Region	Cases
Umbria	8.2
Valle d'Aosta	6.6
Piedmont	5.8
Emilia Romagna	5.6
Molise	5.6
Marche	5.3
Tuscany	4.7
Liguria	4.6
Lombardy	4.5
Veneto	4.2
AP Bolzano	4
Abruzzo	3.6
Calabria	3.4
AP Trento	3.4
Apulia	3.2
Sardinia	3
Basilicata	2.7
Friuli Venezia Giulia	2.7
Lazio	2.6
Sicily	2.5
Campania	2.3

The increase refers to 126,910 individuals in care in 2024: due to the update of the SIND flow, the data is not in line with the Report to Parliament - Year 2025 (134,443 individuals)

355	Marche	247	Apulia
336	Umbria	238	Basilicata
322	Molise	235	Sardinia
320	Valle d'Aosta	220	AP Trento
319	Liguria	201	Lazio
302	Piedmont	199	Veneto
286	Tuscany	185	Lombardy
273	Abruzzo	174	Sicily
261	AP Bolzano	172	Calabria
251	Emilia Romagna	140	Campania
248	Friuli Venezia Giulia		

Infectious diseases

The analysis of infectious diseases among **patients under the care of the Addiction Services** (SerD), performed on data from the National Information System on Addictions (SIND)¹, provides a picture of several infectious conditions relevant to people with substance use disorders².

In 2025, among the individuals in care of the public Addiction Services (SerD), **36,954** underwent **HIV serological testing** (representing 31% of the total caseload in the considered regions), with **1,523 testing positive**. This accounts for 4.1% of those tested and 1.3% of the total individuals under treatment. For **Hepatitis B, individuals in care tested** were **37,269** (equal to 31% of those treated in the regions considered), of whom **909 were positive**, corresponding to 2.4% of those tested and 0.8% of the total. Finally, for **Hepatitis C**, **37,302** individuals were tested (30% of those treated in the considered regions), with **14,541 testing positive**, equal to 39% of those tested and 12% of the total individuals treated. For all three infectious diseases, the data reveal a marked geographical heterogeneity in both testing coverage and the prevalence of positive cases. Consequently, interpretation requires caution, as these figures are shaped not only by potential epidemiological differences but also by strong regional variations in testing practices, data recording methods, and – in the case of Hepatitis B – vaccination coverage tracking³.

Regarding **HIV**, testing coverage showed marked regional variability, ranging from lows of approximately 5% in Apulia and Basilicata to over 45% in Piedmont, Emilia Romagna, and Umbria. The prevalence of positive cases also exhibited clear geographical differences. When calculating positivity relative to the total number of patients under treatment, the proportion generally remained below 1% in the central-southern regions and Sicily, while reaching 1% to 3% in northern regions. However, when limiting the analysis strictly to tested individuals, the positivity rate stood at approximately 4-5% in northern areas, 3% in the center, 1% in the south, and 5% in Sicily.

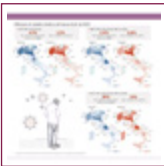


TABLE 4.I Spreading of infectious diseases among individuals in care of SERD in 2025

Large regional differences in the execution of serological tests were also observed for **Hepatitis B**. Coverage dropped below 10% in Tuscany, Campania, and Apulia, but exceeded 50% in Piedmont and Friuli Venezia Giulia – reaching a high of 92% in Abruzzo. The proportion of positive cases relative to the total number of treated individuals was generally low, remaining under 1% across

¹Source: 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

²With regard to HIV infection, it should be noted that, in line with the provisions of the decree establishing the SIND (11 June 2010) and confirmed by the Ministerial Decree of 29 December 2023, information relating to the performance of serological tests is collected exclusively in aggregate form, as directed by the Data Protection Authority

³For the purposes of the analyses, regions that reported a number of tested individuals lower than 1% of the treated individuals in care were excluded for each infection, in addition to the Autonomous Provinces of Trento and Bolzano, for which no tested individuals were reported

most areas, though slightly higher in the northwest (2%). Among tested individuals specifically, the positivity rate stood at approximately 4% in the northeast, nearly 2% in the northwest, 1.5% in the center and south, and nearly 5% in Sicily.

Conversely, **Hepatitis C** featured a significantly higher prevalence compared to the other infectious diseases considered, accompanied by marked geographical variability in both testing coverage and positivity rates. The percentage of individuals screened exceeded 50% in Piedmont, Emilia Romagna, and Abruzzo – where it reached 92% – while dropping below 10% in Tuscany, Campania, and Apulia. Relative to the total number of patients under treatment, the highest positivity rates were recorded in the northeast (23%) and northwest (13%), while figures were lower in the center (5%), the south (7%), and the islands (10%). Among tested individuals only, the share of positive cases stood at 42% in the northeast, 36% in the northwest and center, 34% in the south, and 55% in the islands. This confirms a high and geographically differentiated prevalence even among individuals who actually underwent screening.

An additional element of note concerns testing coverage among **people who inject drugs (IDU)**, a population uniquely exposed to the risk of transmitting blood-borne infections. In 2025, approximately 40% of IDUs were screened for HBV and 38% for HCV, highlighting that screening coverage reached only about two-fifths of this highly vulnerable population.



In **2024**, the most recent year for which data is available, the AIDS Operations Center (COA) of the National Institute of Health (Istituto Superiore di Sanità) received **2,379 reports of new HIV infection diagnoses**. Among these, **91** involved **IDUs**⁴, a figure representing a slight increase compared to the 85 cases reported in 2023. In 2024, new diagnoses among IDUs predominantly affected males (77%), although this was a decrease from the 87% observed the previous year; 27% of the cases involved foreign nationals.



TABLE 4.I New HIV diagnoses among IDUs in 2024

At the national level, a total of 971 new HIV cases were reported among IDUs between 2015 and 2024. Regarding the proportion of these cases relative to total new HIV diagnoses, a decline from 3.3% to 2.8% occurred between 2015 and 2017. However, subsequent years saw a gradual resurgence in relative incidence, with figures peaking at 4.5-4.6% during the 2021-2022 period before stabilizing at 3.8% in 2024. Interpreting these recent data requires caution, as the current epidemiological picture may be affected by reporting delays inherent in data transmission timelines.

⁴Source: National Institute of Health - Department of Infectious Diseases - AIDS Operational Centre (COA)

During 2015-2024, the male prevalence remained stable, ranging between 80% and 85% and a peak exceeding 94% recorded in 2019. Conversely, the proportion of foreign nationals was more variable, fluctuating between 10% in 2017 and 28% in 2023.

New HIV diagnoses among IDUs predominantly affected adults, particularly individuals aged 40-59, who accounted for 54% of cases. Over time, the portion of IDUs living with HIV have progressively aged, with the proportion of 40-49-year-olds decreasing from 40% in 2015 to 32% in 2024 (though remaining the largest group) compared to an increasing proportion of age groups 50-59-year-olds (going from 14% to 22%) and aged 60 or above (from 3% to 11%).

In line with this trend, the **median age at diagnosis** also **increased**, rising from 41 years during the 2015-2017 period to **43** years starting in 2021. Furthermore, foreign national IDUs received their diagnosis at a younger age compared to Italian nationals (a median of 40 years old versus 45), with both groups showing a progressive increase in median age over time.

Between 2015 and 2024, **31%** of IDUs with a new HIV diagnosis took the **test due** to full-blown or suspected **symptoms**. An additional **24%** were tested **upon recommendation from therapeutic-rehabilitative services** (such as SerD, therapeutic communities, and correctional facilities), while **11%** sought testing following **high-risk behaviors**, whether sexual or unspecified. Conversely, the proportion of diagnoses resulting from proactive testing strategies remains marginal: only 2% of tests were carried out through information campaigns,

low-threshold screening initiatives, self-testing, or community-based diagnostic services.

The proportion of **infections detected at an advanced stage of the disease is high**. This late-stage diagnosis is defined by a lymphocyte count below 350 cells/ μ L at the time of detection, which indicates an established state of immunodeficiency. In 2024, at the time of their first HIV diagnosis, **40%** of IDUs presented with a count below 200 cells/ μ L, and 59% fell below 350 cells/ μ L.

In **2024** (the latest year available), 450 **new cases of AIDS** were diagnosed in Italy, **26** of which referred to **IDU** (a decrease compared to the 39 cases in 2023), accounting for 5.8% of total diagnoses. Overall, from 1982 to 2024, 73,717 cases of AIDS were notified to the COA, nearly half of which (35,445) were attributable to IDU: following the peak observed in the late 1980s, the incidence of cases attributed to this mode of transmission shows a progressive and steady reduction over time.

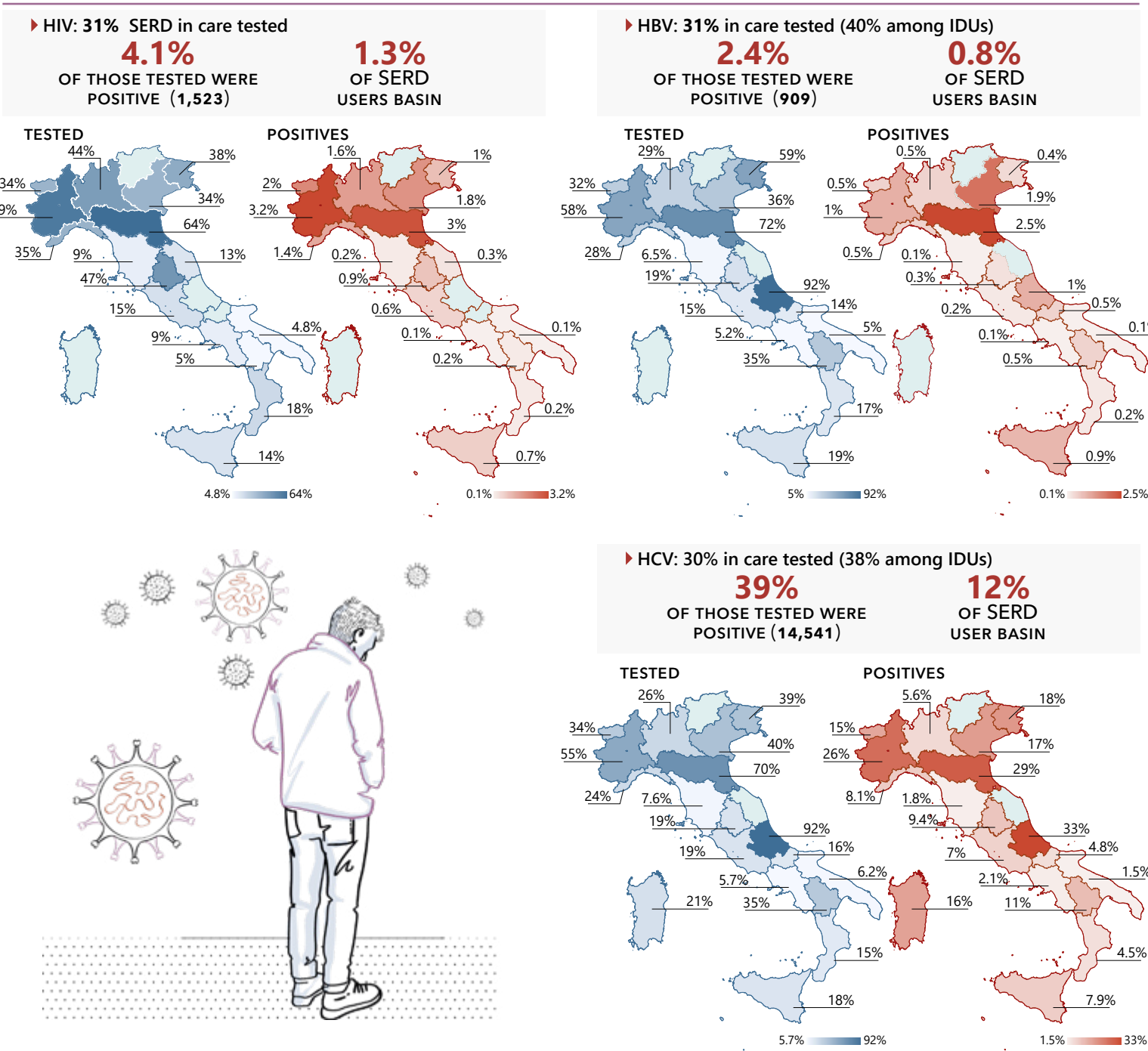


TABLE 4.I New AIDS diagnoses among IDUs in 2024

Among IDUs diagnosed with AIDS, the male prevalence has mostly remained stable over the years approximately 80%. Simultaneously, a gradual increase has occurred in the proportion of IDUs of foreign nationality, rising from 2% in earlier periods to 18% during the 2023-2024 two-year window.

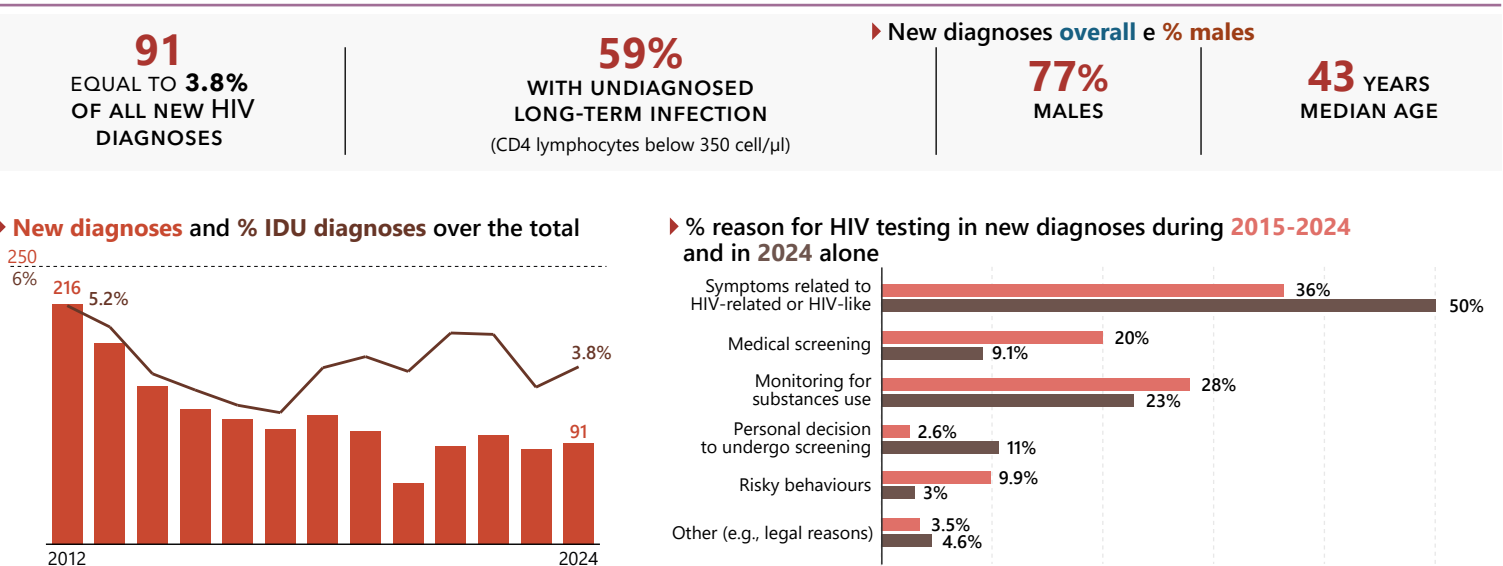
Table 4.I Spreading of infectious diseases

Spreading of infectious diseases among individuals in care at SerDs in 2025¹

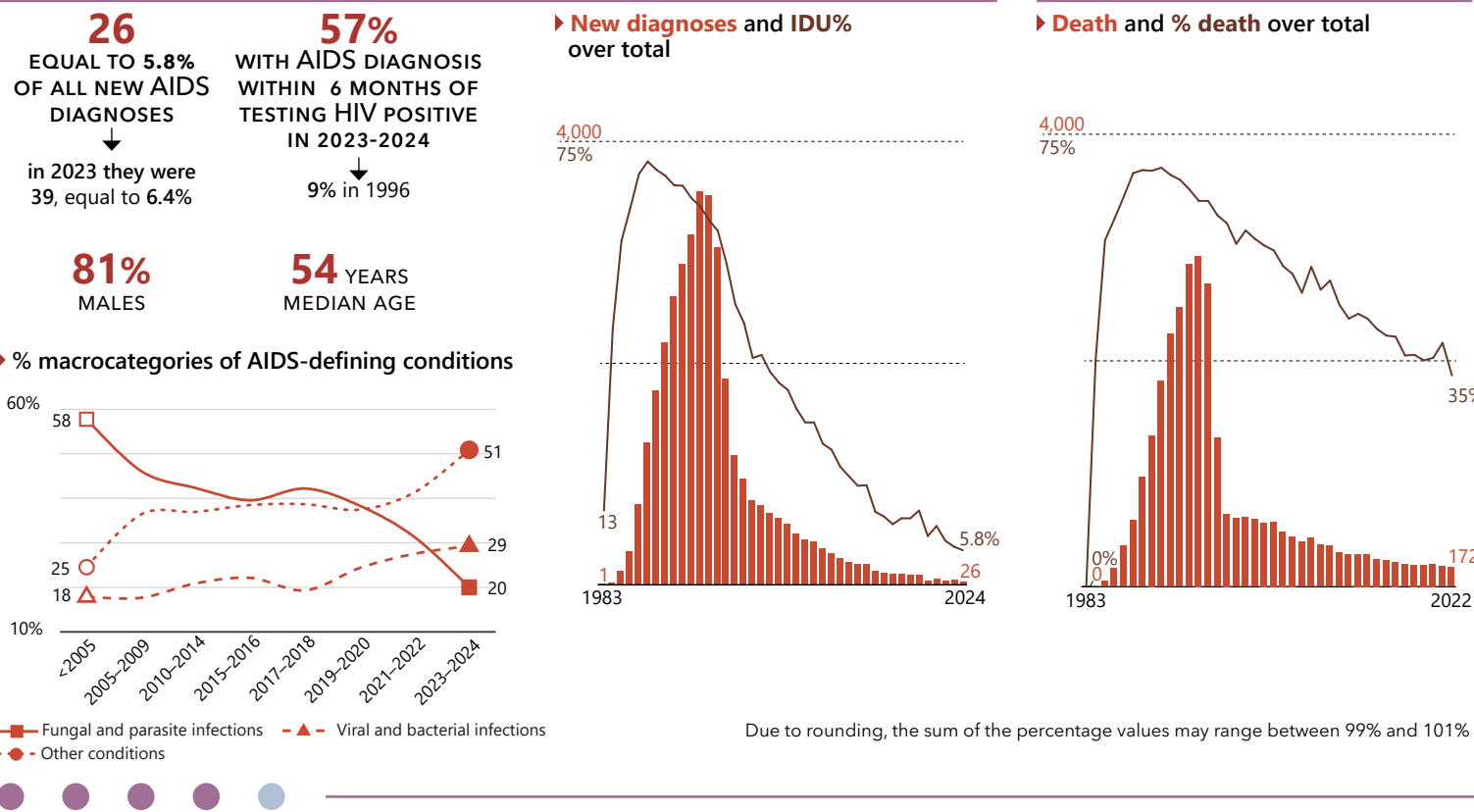


1. SIND Working Group: Ministry of Health and Interregional Technical Group on Addictions

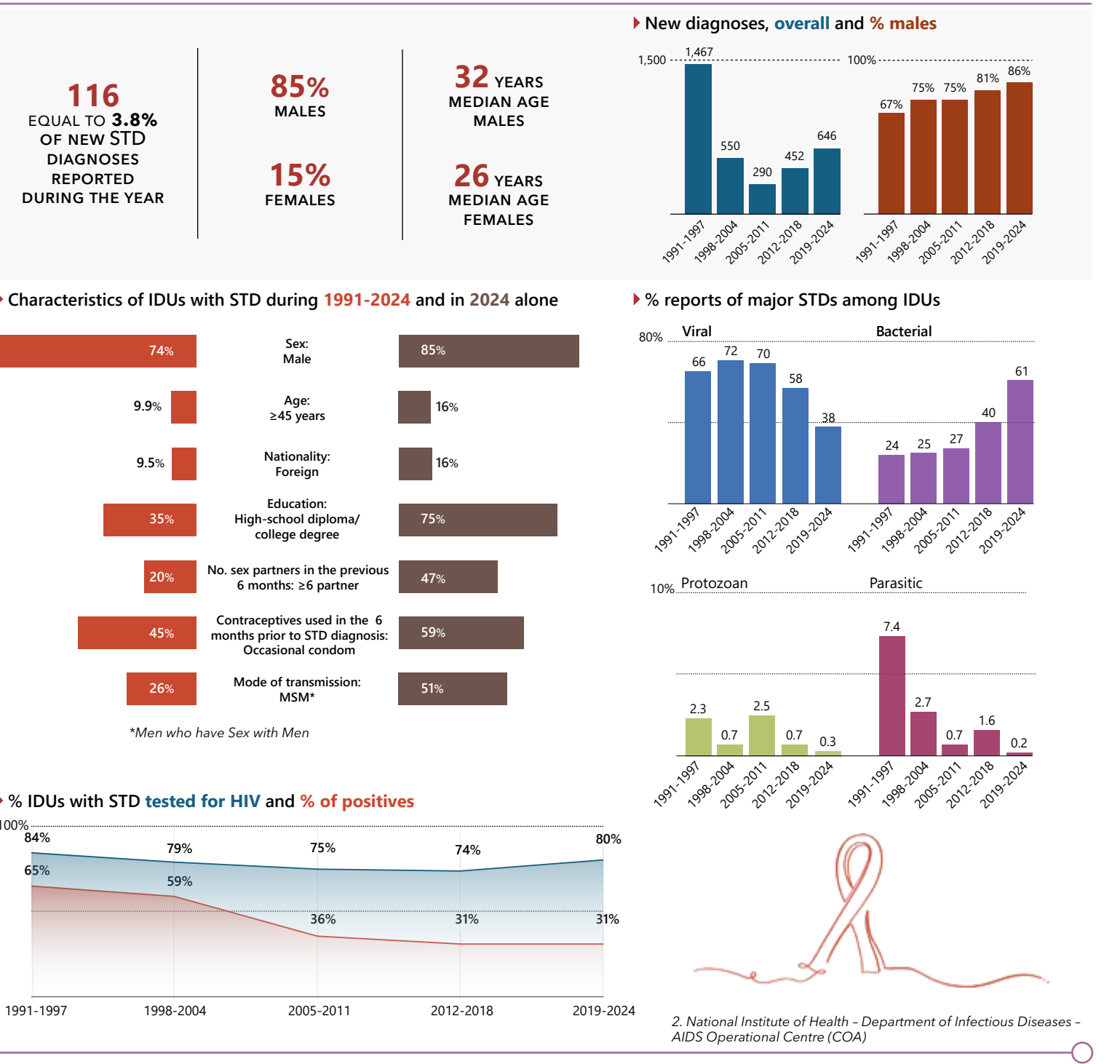
New HIV diagnoses among IDUs in 2024²



New AIDS diagnoses among IDUs in 2024²



Spreading of sexually transmitted diseases (STD) among IDUs in 2024²



Particularly evident is the evolution of age at diagnosis, which highlights a **progressive aging of IDUs with AIDS**: the median age has increased from 32 years in the pre-2005 era to **51-54 years** in the last two years. In the 2023-2024 period, 60% of new AIDS diagnoses among IDUs involved individuals aged 40 to 59, and nearly 22% involved individuals aged 60 and older, confirming a decisive shift toward older demographic groups.

An analysis of the **primary AIDS-defining conditions** among IDUs also reveals a clear shift over time. Prior to 2005, diagnoses were primarily linked to fungal and parasitic infections (58%), a percentage that dropped to 20% in the 2023-2024 period. Conversely, the impact of viral and bacterial infections increased from 18% to 29% over the same timeframe. Most notably, other AIDS-defining conditions – including tumors and infection-related systemic clinical manifestations – rose sharply, reaching 51% compared to the 25% recorded prior to 2005.

In the 2023-2024 period, a higher frequency of wasting syndrome was observed (28% of cases, compared to less than 16% up to 2014) alongside certain opportunistic infections, such as cryptococcosis and cryptosporidiosis (26% versus approximately 14%). Conversely, certain fungal infections were on the decline, including *Pneumocystis carinii* pneumonia and pulmonary and esophageal candidiasis, both of which fell to around 8% compared to approximately 20% recorded in previous years.

During the last two two-year periods, over half of the IDUs diagnosed with AIDS discovered their HIV-positive status less than six months prior to their AIDS diagnosis (57% in the 2023-2024 period). This proportion – that has

steadily increased compared to the 9% recorded in 1996 – is indicative of a **persistence of late diagnoses** steadily increasing over the years, particularly among men and foreign nationals.

Finally, a marked **long-term reduction in AIDS-associated mortality** has occurred within the IDU population. Between 1983 and 2022 (the latest year of available data), there were 28,864 deaths, accounting for 60% of the 48,356 total AIDS deaths recorded in Italy. In 2022, there were 6,553 living IDUs with AIDS, representing 27% of the nation's total population of people living with AIDS (24,298).



In Italy, the monitoring of trends in STIs and key risk factors, including the use of drugs by injection (IDUs), has been carried out since 1991 by the Sentinel Surveillance System for Sexually Transmitted Infections (STIs) – coordinated by the AIDS Operations Center (COA) of the National Institute of Health (*Istituto Superiore di Sanità*) and based on a network of 12 specialized public clinical centers.

In 2024 (the latest year of available data), **116 new cases of STIs** were notified **among IDUs**, accounting for 3.8% of total annual cases. These diagnoses predominantly affected men, with a median age of 32 years⁵.

Between 1991 and 2024, 3,405 new cases of STIs were reported among injecting drug users (IDUs), representing 3.1% of total reported cases. Following a marked reduction between the first half of the 1990s and the 2005-

2011 period, a resurgence has been observed in recent years. The majority of IDUs diagnosed with a new STI are males, with a **median age of 31 years**, and reported engaging in high-risk sexual behaviors: over 60% had two or more partners in the six months prior to diagnosis, approximately 85% reported inconsistent condom use, and nearly half (47%) had a history of a previous STI. Transmission was predominantly heterosexual (74%), and the infections were primarily of viral (60%) or bacterial (35%) origin.

The most frequent diagnoses were anogenital warts (50%), latent syphilis (7%), genital herpes (7%), *Neisseria gonorrhoeae* urethritis (6%), primary and secondary syphilis (6%), and *Chlamydia trachomatis* urethritis (4%). Over time, a progressive reduction in the most widespread viral STIs has occurred alongside a steady increase in major bacterial infections since 2012, while less common infections are now reported only sporadically.

Compared to the historical baseline across the entire observation period, 2024 saw an increase in the proportion of STI cases among male IDUs (85% versus 74%), individuals aged 45 and older (16% versus 10%), foreign nationals (16% versus 10%), and those who had attained a high level of education (75% versus 35%). Shifts in risky behaviors were also observed: there was a marked increase in the proportion of new IDU cases reporting six or more sexual partners in the six months prior to diagnosis (47% versus 20%) and in those reporting occasional condom use (59% versus 45%). Additionally, 2024 saw a rise in the proportion of IDUs with an STI among men who have sex with men (MSM) (51% versus 26%) and in infections of bacterial origin (81% versus 35%), while infections of viral origin decreased significantly (17% versus 60%).

Trend analysis over time highlights a reduction in the most common viral infections, particularly anogenital warts and molluscum contagiosum, following the decline recorded from the late 1990s to the first decade of the 2000s. Conversely, since 2012, a steady increase has been observed in major bacterial infections, including syphilis, gonorrhea, and *Chlamydia trachomatis* infections.



TABLE 4.1 Spreading of sexually transmittable diseases (STD) among IDUs in 2024

Overall, there is a progressive decrease in less frequent conditions – such as non-gonococcal, non-chlamydial infections, *Trichomonas vaginalis* infection, and pubic lice – which have been reported only sporadically in recent years.

For the period from 2019 to 2024, data showed a resurgence in IDUs with STIs who were tested for HIV (80%), and a stable HIV prevalence at around 31%. In 2024, among the 116 reported IDUs with STI, 80% underwent HIV testing, with 23% testing positive. Across the entire 1991-2024 period, out of 3,405 IDUs with STI, the proportion of tested individuals was similar (81%), but the positivity rate was much higher, standing at 41%.

Overall, HIV prevalence among IDUs with STI was highest among individuals aged 35 or older, among those with a history of prior STIs, and among MSM.

⁵Source: National Institute of Health - Department of Infectious Diseases - AIDS Operational Centre (COA)

Deaths

In 2025, **deaths from acute drug intoxication** – reported by law enforcement based on circumstantial evidence – totaled **249**, a figure substantially in line with those observed over the previous three years⁶. Overall, drug-related mortality from acute intoxication since 1973 has reached 27,456 cases. Following the historically high levels recorded up to the 1990s, a progressive reduction has been observed since the 2000s.

Over the past year, **84%** of these fatalities involved **men**, while 14% affected foreign nationals. Demographically, cases were heavily concentrated within adult age groups: 64% involved individuals between 35 and 54 years old, split almost equally between the 35-44 group (34%) and the 45-54 group (30%). Younger individuals under 29 accounted for a smaller proportion (11%). Among male fatalities, a higher concentration was observed in older age cohorts, particularly between 35 and 44 years, whereas female deaths were predominantly concentrated in the 40-49 age group (39%).

The long-term trend reveals a progressive aging of the demographic profile of drug-related deaths. The **mean age rose** from 36 in 2010 to **43** years in 2025, with a more pronounced increase among men (from 36 to 44) than women (from 36 to 40). Compared to the 2010-2013 period, the proportion of cases involving age groups over 50 strengthened – growing from values less than or equal to 10% to representing one-third of all cases. Conversely, the share of cases under 30 shrank, dropping from 22-25% to 11% over the past year.



TABLE 4.II Deaths for acute intoxication by psychoactive substances in 2025

In 2025, the **mortality rate** from acute substance intoxication stood at approximately **six deaths per million residents aged 15-74**, highlighting significant regional disparities. Higher values were recorded in the Center and North-East, with 9.4 and 8 deaths per million inhabitants respectively, followed by 6.7 cases per million in the Insular area. In the North-Western and Southern geographical areas, the figures were lower, standing at 3.2 and 2.6 cases per million inhabitants aged 15-64 respectively.

Regarding the substances responsible for fatal acute intoxication in 2025, **cocaine** was the most frequently implicated, associated with **33%** of cases and surpassing **heroin**, which accounted for **30%**. Methadone was involved in 8.8% of deaths, while crack and synthetic substances maintained a minor share, at 1.6% and 1.2% respectively. The percentage of deaths involving an unspecified substance accounted for 24% of cases – a marked reduction compared to previous years that is attributable to advancements in toxicological identification capabilities.

The age distribution across substances associated with drug-related deaths highlighted distinct demographic profiles.

⁶Source: Ministry of Interior - Central Directorate for Antidrug Services (DCSA)

Data from 189 deaths for which the substance was explicitly identified highlights a clear long-term transformation in the profile of substances driving acute intoxication deaths. Heroin, historically predominant, gradually saw its relative portion decline from the exceptionally high levels recorded in the past (74% in 2010 and 81% in 2014) to 39% in 2025, though it retains a central role. In parallel, **cocaine has exhibited steady growth**: rising from 20% in 2010, it constituted approximately a quarter of cases between 2015 and 2019, before increasing sharply in subsequent years to reach 43% in 2025, passing heroin over the last two years. Methadone also registered a gradual increase compared to its baseline figures, rising from 4.3% in 2010 to 7% in 2018, and peaking at 12% in 2025 (22 cases).

Forensic toxicological examinations ordered by Judicial Authorities in cases of violent or suspicious mortality constitute a fundamental source for evaluating the role of narcotics in lethal events. Within this context, a drug-related death is defined as any case where psychotropic substances are detected in biological specimens, irrespective of the immediate clinical cause of death.

During **2025**, out of 1,969 specific cases submitted to forensic toxicology laboratories across 85 Italian provinces, **875** tested **positive for one or more psychoactive or psychotropic substances**. This 44% positivity rate demonstrates continuity with the previous year's findings (928 cases)⁷. Among these positive cases, 81% involved males and 66% fell within the 31-60 age group.

⁷Source: Italian Association of Forensic Toxicologists - GTFI

The **primary cause of death** emerging from these analyses was **acute lethal intoxication (28%)**, followed by **organ damage (19%)**, **road accidents (16%)**, **suicide (11%)**, and **accidental trauma (9%)** – a distribution aligning closely with trends from the preceding five-year period. Among the fatalities testing positive for substances, the most frequently detected agents were alcohol (41%), cocaine (32%), benzodiazepines (21%), psychiatric medications (17%), heroin (11%), methadone (12%), and cannabinoids (15%).



TABLE 4.II Alcohol and drug-related deaths in forensic investigations

249 | **84% MALES** **16% FEMALES**

► **Rate per 100,000 residents (15-74 years) and No. Deaths**

► **Temporal trends deaths**

► **Temporal trend mean age overall, males and females**

► **Temporal trend by age group**

► **% substances detected**

► **% substances detected**

*The deaths by "Non-specified substance" are excluded

1. Ministry of Interior - Central Directorate for Antidrug Services (DCSA)

Due to rounding, the sum of the percentage values may range between 99% and 101%

DEATHS IN WHICH AT LEAST ONE PSYCHOACTIVE AND/OR PSYCHOTROPIC SUBSTANCE WAS DETECTED

875

44% of the overall cases analysed

-5.4% compared to 928 cases in 2024

% causes of death

Cause of Death	%
Acute intoxication	28%
Organ damage	19%
Road accident	16%
Suicide	11%
Accidental trauma	9.1%
Homicide	4.6%
Workplace accident	2.2%
Other	3%
Not known	5.6%

OVERALL DEATHS

Age Group	%
≤ 20 years	3.9%
21-30 years	15%
31-40 years	23%
41-50 years	22%
51-60 years	21%
>60 years	15%

SUBSTANCES DETECTED

Substance	%
Alcohol	41%
Cocaine	32%
Benzodiazepines	21%
Psychoactive drugs	17%
Cannabinoids	15%
Heroin	11%
Methadone	12%

Acute Intoxication

28% of overall

Road accident

16% of overall

Alcohol

Age Group	Acute Intoxication (%)	Road Accident (%)
15-20 years	2.2%	2.2%
21-30 years	17%	27%
31-40 years	23%	22%
41-50 years	9.2%	3.6%
51-60 years	18%	15%
>60 years	26%	19%

Cocaine

Age Group	Acute Intoxication (%)	Road Accident (%)
15-20 years	12%	12%
21-30 years	73%	13%
31-40 years	46%	5.8%
41-50 years	21%	13%
51-60 years	13%	3.6%
>60 years	29%	2.2%

Benzodiazepines

Age Group	Acute Intoxication (%)	Road Accident (%)
15-20 years	12%	12%
21-30 years	73%	13%
31-40 years	46%	5.8%
41-50 years	21%	13%
51-60 years	13%	3.6%
>60 years	29%	2.2%

Psychoactive drugs

Age Group	Acute Intoxication (%)	Road Accident (%)
15-20 years	12%	12%
21-30 years	73%	13%
31-40 years	46%	5.8%
41-50 years	21%	13%
51-60 years	13%	3.6%
>60 years	29%	2.2%

Heroin

Age Group	Acute Intoxication (%)	Road Accident (%)
15-20 years	12%	12%
21-30 years	73%	13%
31-40 years	46%	5.8%
41-50 years	21%	13%
51-60 years	13%	3.6%
>60 years	29%	2.2%

Methadone

Age Group	Acute Intoxication (%)	Road Accident (%)
15-20 years	12%	12%
21-30 years	73%	13%
31-40 years	46%	5.8%
41-50 years	21%	13%
51-60 years	13%	3.6%
>60 years	29%	2.2%

Cannabinoids

Age Group	Acute Intoxication (%)	Road Accident (%)
15-20 years	12%	12%
21-30 years	73%	13%
31-40 years	46%	5.8%
41-50 years	21%	13%
51-60 years	13%	3.6%
>60 years	29%	2.2%

ALCOHOL

Year	Alcohol (%)	Cocaine (%)	Benzodiazepines (%)
2020	60%	35%	16%
2021	55%	35%	16%
2022	65%	35%	16%
2023	68%	35%	16%
2024	73%	41%	12%
2025	73%	41%	12%

COCAINE

Year	Alcohol (%)	Cocaine (%)	Benzodiazepines (%)
2020	27%	39%	44%
2021	30%	38%	42%
2022	35%	38%	40%
2023	35%	35%	30%
2024	25%	32%	46%
2025	21%	32%	46%

BENZODIAZEPINES

Year	Alcohol (%)	Cocaine (%)	Benzodiazepines (%)
2020	14%	32%	15%
2021	12%	28%	15%
2022	14%	28%	15%
2023	14%	25%	13%
2024	10%	22%	13%
2025	10%	21%	13%

PSYCHOACTIVE DRUGS

Year	Alcohol (%)	Cocaine (%)	Benzodiazepines (%)
2020	3%	21%	11%
2021	3%	18%	11%
2022	10%	20%	10%
2023	8%	18%	12%
2024	3%	15%	13%
2025	3.6%	17%	13%

METHADONE

Year	Alcohol (%)	Cocaine (%)	Benzodiazepines (%)
2020	7.5%	22%	33%
2021	6%	18%	25%
2022	8%	18%	20%
2023	6%	18%	22%
2024	2.2%	15%	21%
2025	2.2%	12%	21%

HEROIN

Year	Alcohol (%)	Cocaine (%)	Benzodiazepines (%)
2020	9%	22%	39%
2021	5%	20%	45%
2022	4%	20%	45%
2023	2%	15%	35%
2024	1%	10%	25%
2025	2.2%	11%	29%

2. Italian Association of Forensic Toxicologists - GTFI

Among the **242 deaths** analyzed for acute **lethal intoxication**, **cocaine** was the most frequently detected substance, involved in **46%** of cases (identified as the primary single substance in 27% of cases). Meanwhile, **heroin** and **methadone** were associated with **29%** and **21%** of deaths respectively (serving as the primary single substance in 13% and 5% of cases). Beyond these “conventional” psychoactive substances, four cases in 2025 were directly linked to novel psychoactive substances. Specifically, the synthetic cathinone 3-methylmethcathinone (3-MMC) was identified in one death as the sole substance and cause of mortality. Meanwhile, 3’4’-methylenedioxy-pyrrolidinohexiophenone (MDPHP) was involved in three cases: once as the single substance, and twice within a polysubstance pattern alongside cocaine, heroin, and benzodiazepines. Finally, fentanyl was identified in five fatal acute intoxications – including one instance of co-ingestion with alcohol, and another mixed with benzodiazepines and psychiatric medications; in one case the fentanyl overdose was an intentional act. Additionally, oxycodone was implicated as a contributing cause of death in three cases: once the single substance, and twice in association with other substances, specifically alcohol and methadone.

In 66% of acute intoxication deaths, mortality was directly referable to a single substance, while the remaining 34% resulted from the combined effects of two or more substances. Within these polysubstance cases, the most prevalent combinations were heroin-cocaine (38%), cocaine-methadone (26%), alcohol-heroin (18%), heroin-methadone (16%), methadone-benzodiazepines (15%), and benzodiazepines-psychiatric medications (14%). Combinations of alcohol-cocaine, alcohol-methadone, and the triple-substance mixture of cocaine-heroin-methadone each accounted for 12%, followed by alcohol-

benzodiazepines at 9%. Beyond acute lethal overdoses, **drug-related mortality** also encompassed deaths attributable to **chronic organ damage (170 cases)**. These were defined as **deaths** pathologically consistent with the **toxic damage of psychotropic substances on organs** or physiological systems, even if those substances were not present in acute, lethal concentrations at the time of detection. **Overall**, chemical-toxicological analyses performed during forensic investigations on individuals who died in 2025 highlighted **412 drug-related deaths**. Across this entire cohort, the most frequently detected substance was **alcohol (45%)**, followed by **cocaine (25%)**, benzodiazepines (22%), psychiatric medications (17%), and methadone (9.4%). Furthermore, the co-ingestion of **two or more substances** was detected in **44%** of these overall cases. Among the most frequent combinations were cocaine-heroin (22%), cocaine-methadone (21%), alcohol-heroin (18%), alcohol-cocaine (17%), alcohol-methadone (14%), and both heroin-methadone and benzodiazepines-psychiatric medications (12% each).

Regarding **deaths** due to **road accidents (140 cases)**, which predominantly involved male subjects (86%), forensic toxicology analyses highlight alcohol as the most frequently detected substance (73%), followed by cannabinoids (22%), cocaine (21%), benzodiazepines (5.8%), and psychiatric medications (3.6%).

The ISTAT **General Mortality Registry**, which collects data on underlying causes of death and contributing clinical conditions, represents a critical supplementary source for evaluating the impact of mortality directly attributable to or associated with substance use⁸.



In **2023**, the most recent year for which data has been validated, **310 deaths were recorded with the initial cause being use of a psychotropic substance**, marking a 14% decline compared to the 360 cases registered in 2022. The vast majority of these deaths involved **males (86%)**, while foreign nationals represented 9% of cases. In the same year, these deaths occurred at a rate of 0.5 per 1,000 relative to the total 666,131 all-cause deaths recorded in Italy.



TABLE 4.III Drug-related deaths in 2023

Nationwide, mortality directly attributable to substance use stood at **five deaths per million residents**, exhibiting notable local variability. Lower rates were recorded in regions of the south (around three per million), while higher rates affected the northwest and the islands, where approximately six deaths per million were reached. In 2023, mortality directly associated with substance intake returned to baseline values similar to those observed prior to the COVID-19 pandemic, following the elevated peaks registered during the 2021-2022 period.

A sharp unbalance remains between males and females: in 2023, the male mortality rate was 8.5 deaths per million compared to female mortality of 1.5 per million inhabitants. A progressive **increase in the mean age** of the individuals deceased was also confirmed, rising from 36 to approximately **45-46 years** between 2004 and 2023. This upward shift affected both sexes: among males over the same period, the mean age rose from 36 to 46, while it shifted from 34 to 48 among females. In 2023, over half of the deaths

(53%) involved individuals between 45 and 64 years old – a proportion that has grown sharply over time, up from 11% in 2004 and 36% in 2013. Deaths among individuals over 64 have also been increasing, reaching 5% of cases compared to values under 1% in 2004 and roughly 3% in 2013.

Regarding the **substances** involved, the initial cause of death was attributed to the **use of multiple or unspecified psychoactive substances** in **78%** of cases. **Opiates** (either alone or in combination with other substances) were responsible for **12%** of cases, while **11%** of deaths were associated with the use of **other psychoactive substance** without any mention of opiates. This latter figure marks an increase from the 7% recorded in 2022 and represents the highest level observed since 2004.

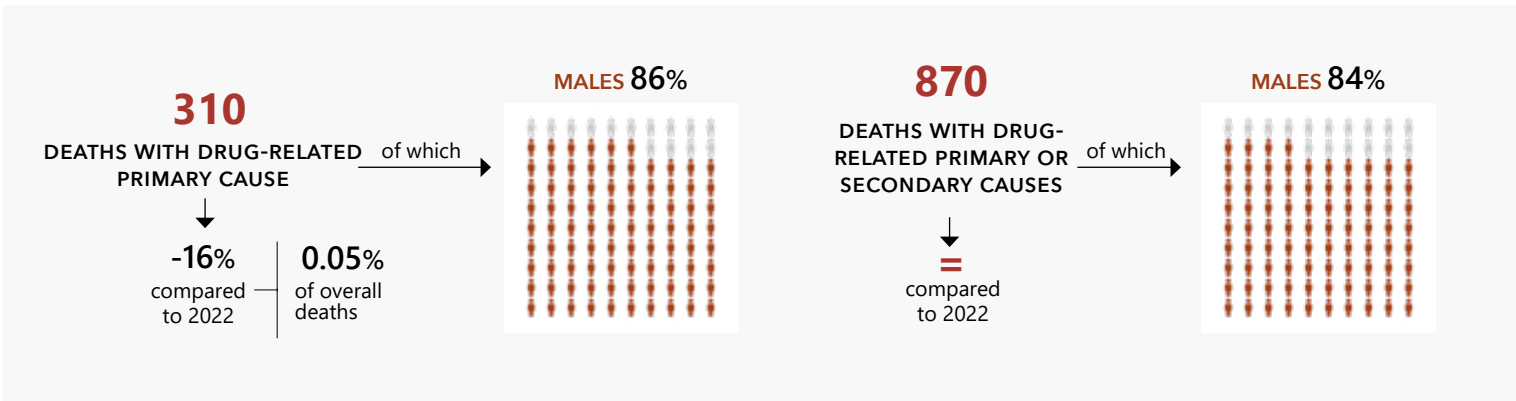
When considering **all conditions** reported on death certificates (**multiple causes**) rather than just the single underlying cause, **drug-related deaths** in 2023 totaled **870**, remaining substantially stable compared to 2022 (877 cases), the majority of the deceased were male (84%), while foreign nationals accounted for 6.3% of the cases.

The mortality rate for multiple causes increased from 7-8.5 deaths per million residents during the 2009-2016 period to nearly 14 per million in 2022-2023. This increase primarily affected men, with the rate rising from 13 to 23 deaths per million between 2009 and 2023, while the female rate rose from 2 to 4 per million. In 2023, rates were highest in the northeast (17 per million) and northwest (16 per million), followed by the center (12 per million) and the south (9 per million). Even when taking multiple causes into account, drug-related deaths remain heavily concentrated within the 45-64 age group, accounting for 64% of the total in 2023 – a substantial increase compared to the 30% recorded in 2009.

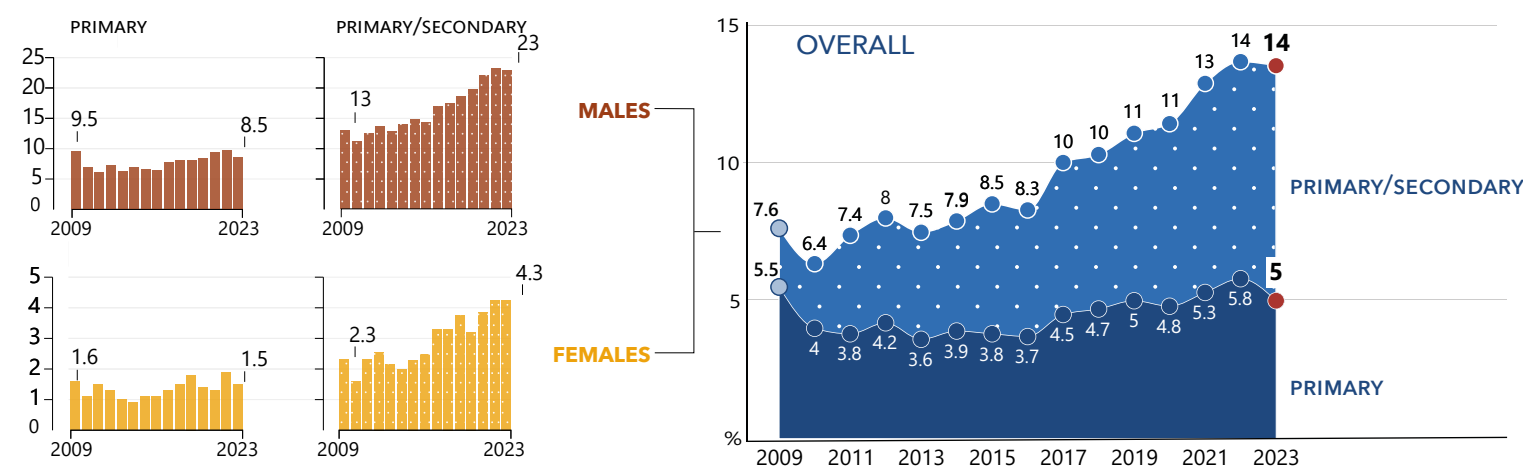
⁸Source: ISTAT - Central Directorate for Social and Welfare Statistics - Integrated Health, Care and Welfare System Service

Table 4.III Drug-related deaths in 2023

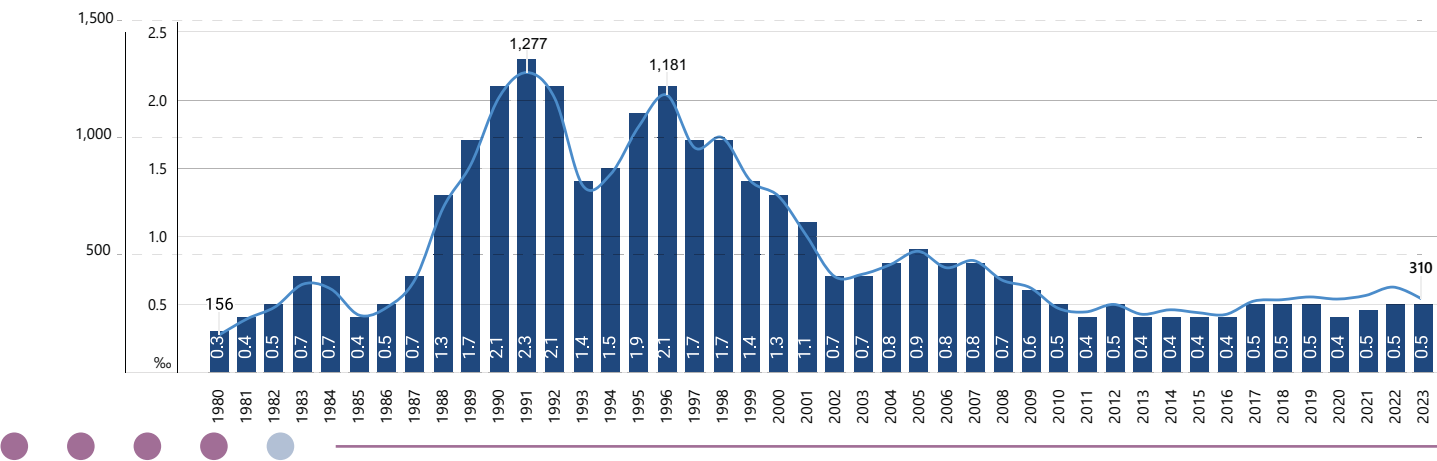
Deaths with drug-related primary and primary/secondary causes



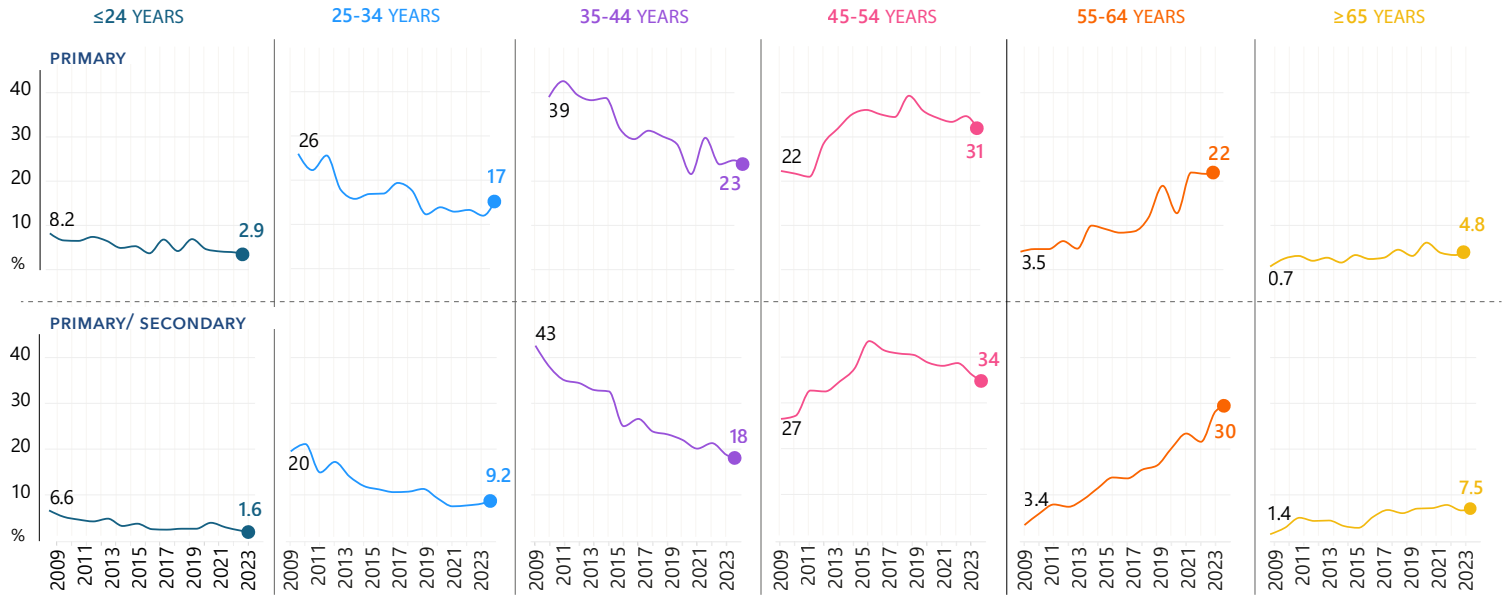
Mortality rates by primary cause and primary/secondary causes per 100,000 residents



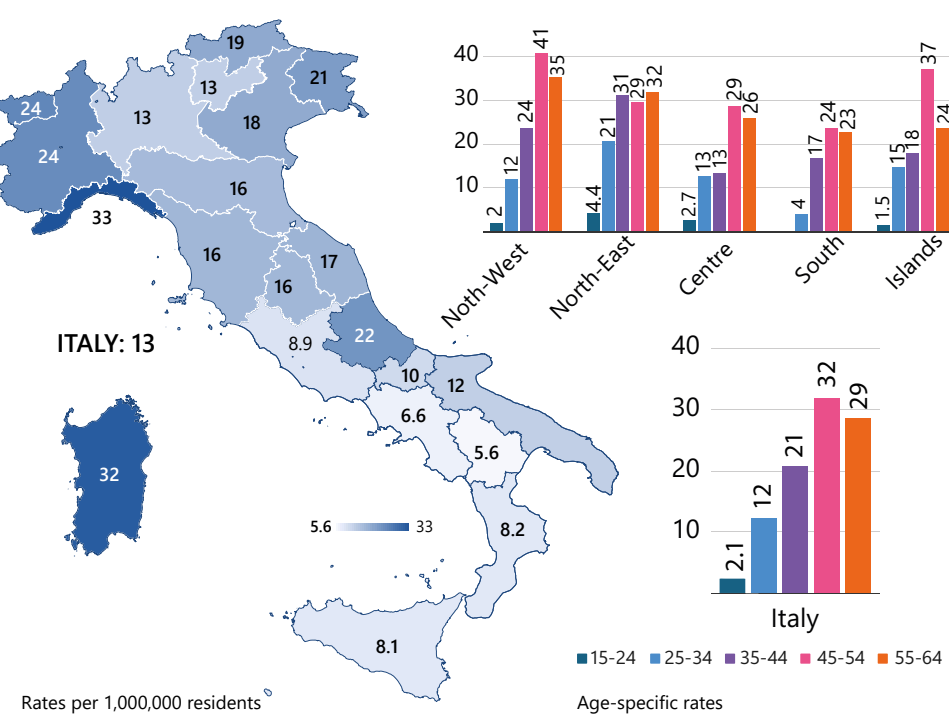
No. deaths with primary cause and % over the total annual deaths



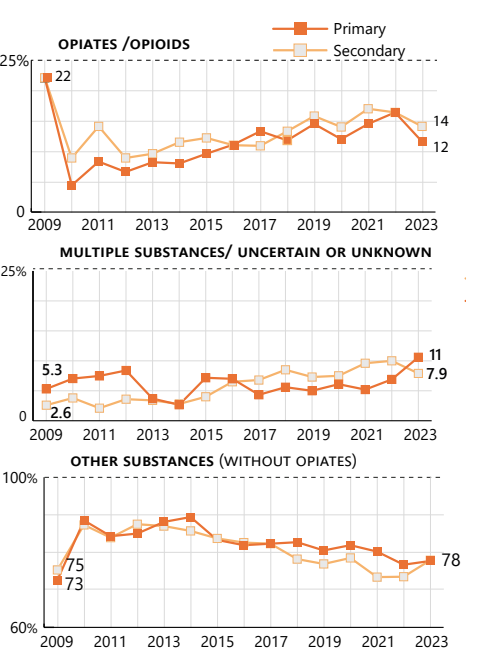
Temporal trend % deaths by age group



Mortality rates by primary/secondary cause per 1,000,000 residents



Temporal trends % deaths by drug



Furthermore, the proportion of deaths among individuals older than 64 expanded, rising from 1% in 2009 to 8% in 2023. In parallel, a marked decrease was recorded among younger cohorts: between ages 25 and 44, the proportion of deaths fell from 62% to 27%, while among 15-24-year-olds it dropped from 7% to 2%.

With advancing age, use of psychoactive substances appears more frequently alongside other pathologies contributing to death rather than acting as the primary underlying cause. During the 2021-2023 triennium, among individuals aged 45-54 and 55-64, cases where substances were listed among contributing causes of death were roughly three times more numerous than those where they represented the primary underlying cause. Among individuals over 64, this ratio has risen to approximately five times, demonstrating a progressive increase relative to earlier observation periods.

Looking specifically at the diagnoses, the impact of opiates as a cause of mortality increases within older and mature adult age groups, frequently in association with other pathological conditions. Meanwhile, the impact of cocaine is more heavily pronounced among deaths within the 35-54 age group, contributing significantly to complex clinical presentations. As for external causes, cases of accidental poisoning from psychoactive substance are similarly concentrated in adulthood between ages 25 and 54, peaking between 45 and 54 years – frequently involving the simultaneous presence of multiple substances, which confirms the role of poly-use in elevating the risk of fatal events.

Violations and road accidents

According to the road accident survey conducted by ISTAT (Italian National Institute of Statistics)¹, in collaboration with the Automobile Club d'Italia (ACI), the Ministry of the Interior, the Police Forces, and local and regional statistical offices, in 2024 there were 225,721 road accidents resulting in personal injury – a slight increase (+2.8%) compared to 2023 (219,616 cases).

Among the recorded factors², there is a notable increase in accidents associated with an altered psychophysical state of the driver. Specifically, accidents attributed to driving under the influence of drugs rose from 0.1% of all accidents in 2001 to 1.0% in 2024. Similarly, accidents related to driving under the influence of alcohol increased from 1.2% to 3.6%. However, compared to 2023, a slight decrease was observed, with the proportions previously standing at 1.3% and 4.0%, respectively. These variations can be interpreted both in light of new regulations and traffic control instruments, and through awareness initiatives aimed at improving data collection via digital reporting. Furthermore, it should be noted that because the figures for drug-related accidents remain relatively low, they are inherently more susceptible to annual fluctuations.

In **2024**, the total **driving violations** issued by the Law Enforcement Forces and the Local Police Commands of provincial capital municipalities (the latter based on data collected by ACI) amounted to **4,449 for driving under the influence of narcotic substances** (art. 187 of the Highway Code) and **36,800 for driving under the influence of**

alcohol (art. 186 of the Highway Code). Taken together, these violations represent 0.5% of the total violations of road conduct rules recorded during the year, a percentage that has remained substantially stable between 2014-2024.

Data from the Traffic Police highlight a higher incidence of citations among younger drivers. In 2024, approximately 46% of fines for driving under the influence of alcohol and 43% of those for driving under the influence of narcotic substances involved individuals between the ages of 18 and 32. The majority of fines were issued during nighttime hours, between 10:00 PM and 6:00 AM – a time slot that accounts for 76% of of violation for driving under the influence of alcohol and 45% of those for driving under the influence of drugs.



TABLE 5.I Violations and road accidents due to driving under altered psychophysical conditions in 2024

Regarding accidents directly attributable to driving in an altered psychophysical state, in 2024 the Carabinieri and the Traffic Police (who collectively recorded about one-third of road accidents resulting in injury) registered **1,737 accidents** in which at least one of the drivers was **under the influence of psychotropic substances**, and **4,717**

¹Source: ISTAT - Central Directorate for Social and Welfare Statistics - Integrated Health, Care, and Social Security System
²The survey includes the presumed circumstances of the accident, limited to the drivers of the first two vehicles involved, who account for approximately 90% of all cases

while **under the influence of alcohol**, out of a total of 56,500 recorded accidents. Overall, 3% of the accidents recorded by the Carabinieri and Traffic Police were drug-related and 8.2% alcohol-related, percentages that are stable and slightly decreasing, respectively, compared to 2023 (3.2% and 8.5%).

It is worth noting that these figures may represent an underestimate of the actual scope of the phenomenon. Indeed, the Carabinieri and Traffic Police operate predominantly on the extra-urban network – accounting for approximately 70% of their deployments – while their presence at urban road accidents is limited to about 20% of cases. However, based on records from the Carabinieri, urban areas are highly likely to record a higher frequency of alcohol- or drug-related accidents.

In detail, among the injury-causing accidents recorded by the Carabinieri in 2024, 3.4% of accidents and 2.5% of casualties were associated with driving under the influence of psychotropic substances – figures that remained substantially stable compared to the previous year. The percentages were higher for alcohol-related accidents, accounting for 9.7% of accidents, 5.9% of casualties, and 10.7% of injuries. Over the 2015-2024 period, drug-related accidents remained consistently low (around 2-4%), while alcohol-related incidents showed higher values, ranging between 8% and 11%.



The **chemical-toxicological analyses carried out by Forensic Toxicology**³ units – within the framework of the

assessments stipulated by Articles 186, 186-bis, and 187 of the Traffic Code – constitute an important information base for analyzing the phenomenon of road accidents related to alcohol and psychoactive substance consumption. The analyses are performed on whole-blood biological samples taken from individuals arriving at Emergency Departments (EDs), either following a road accident or a roadside check; they also include tests performed on individuals deceased as a result of an accident. A positive status, indicative of driving under the influence of alcohol and/or psychotropic substances, is established through the identification of ethanol and/or the active psychoactive substance (or its active metabolites) present exclusively in the blood sample of the subjects tested.

In 2025, a total of **14,094 emergency department assessments** were performed across 62 provinces, **274** of which were related to **road-accident deaths**. Overall, in approximately **27%** of the roadside assessments (3,854 cases), the **presence of alcohol and/or psychoactive or psychotropic substances** was detected, with a prevalence of subjects involved in accidents (78%). The phenomenon largely affected males (85%) and was concentrated in the 21 to 50 age groups, corresponding to 69% of cases.



TABLE 5.1 Toxicological analyses performed by Forensic Toxicology units on individuals admitted to the ER after road checks or road accidents (ex art. 186, 186bis, and 187 of Highway Code) in 2025

The most frequently detected substances were, in

descending order, **alcohol (17%)**, **cannabinoids (6.8%)**, and **cocaine (5.4%)**, followed by benzodiazepines (1.7%) and other psychotropic drugs (1%). The presence of methadone and heroin was lower (less than 1%), as was ketamine and MDMA (less than 0.5% each). Compared to 2024, the picture appears substantially stable, with a slight decrease in positive results for alcohol and benzodiazepines and an increase for cannabinoids and cocaine.

Regarding **blood alcohol concentration (BAC) levels**, the data reveals a higher prevalence of cases at more elevated levels of intoxication. Positive results for values below 0.5 g/l and between 0.5 and 0.8 g/l stand at approximately 2% each. However, this proportion increases significantly as the BAC level rises, reaching 5.5% for levels between 0.80 and 1.49 g/l, and peaking at 7.4% for values above 1.50 g/l. This trend underscores a higher incidence of driving offences associated to medium-high to severe blood alcohol levels.

Analyses conducted on the **274 road deaths** examined by Forensic Toxicology show that **alcohol and/or psychoactive substances** were detected in **46%** of cases. **Alcohol** remains the most frequently identified substance – either alone or in combination with others – and was present in **34%** of cases. This was followed by cannabinoids and cocaine (both at 8%), while other substances showed a more limited prevalence, such as benzodiazepines (2.9%), psychotropic drugs (1.8%), methadone (1.5%), and heroin (1.1%). Oxycodone was present in 0.4% of cases, as was fentanyl, for which a medical (iatrogenic) origin cannot always be ruled out.

It is important to consider that the presence of alcohol, though detected in over 17% of assessments (either alone or combined with other substances), may be underestimated. This is due to the significant time lapse – averaging more than two hours – between the occurrence of the accident, admission to the ED, and the actual blood draw. Similar limitations affect the detection of psychotropic substances, whose concentration levels can decrease rapidly over time, further contributing to a potential underestimation of their actual prevalence.

In **fatal crashes**, the **impact of substance use** emerges with **greater clarity**, as positivity rates for alcohol and psychoactive substances are noticeably higher than those detected in roadside checks or non-fatal accidents. Specifically, **alcohol positivity** was found in **34%** of the analyzed fatalities, compared to the 17% recorded compared to the overall baseline across all assessments. Regarding blood alcohol concentration, most positive cases fell into the severe intoxication range of >1.5 g/l (representing 13% of all fatality cases compared to 7.4% across total assessments). The prevalence of **cannabis and cocaine** was also higher in fatal accidents (**8%** for each substance) compared to the overall baseline across all assessments (6.8% and 5.4%, respectively).

A critical finding involves **drug poly-use** defined as the concurrent presence of two or more psychotropic substances or medications in a driver's blood sample – a condition identified in **2.5% of all assessments**. Among these polydrug cases, the most prevalent pairing involves cocaine and cannabinoids (accounting for 41% of multi-substance detections), followed by cocaine combined with benzodiazepines (15%), and benzodiazepines

³Source: Scientific Association of Italian Forensic Toxicologists - GTFI



paired with psychotropic drugs (13%). Less frequent but notable combinations include cocaine-methadone (10%), cannabinoids-benzodiazepines (6.5%), methadone-benzodiazepines (6.5%), and cocaine-psychotropic drugs (5.7%). In parallel, the co-ingestion of alcohol alongside other substances was also significant, detected in 4.0%

of all assessments. Within this cohort, the most frequent combinations were alcohol and cocaine (11%), alcohol and cannabinoids (10%), and, to a lesser extent, alcohol and benzodiazepines (3.3%).

Drug-related reports and offences

In 2025, reports for the **possession of psychoactive or psychotropic substances for personal use**, recorded by the Addiction Operations Units (NOT) of the Prefectures – Territorial Government Offices and entered into the information system of Ministry of Interior, totaled **39,188**^{4,5}.

In the long term, the trend exhibits an initial phase of stability leading up to 2015, averaging approximately 43,000 annual reports, followed by significant growth between 2016 and 2019, when a peak of over 55,000 reports was reached. Following the decline recorded during the 2020-2021 biennial period – which was largely driven by pandemic-related restrictions – the number of reports began rising again during 2022-2024, stabilizing between 43,000 and 47,000 cases. While the figure for 2025 appears to reflect a decrease, the result must be considered provisional, as it remains subject to retrospective updates due to registration processing lags within the Prefectures.

The reports concerned **36,184 people** residing in Italy, distributed mainly in the North (37%), followed by the Center (31%), the South (19%), and the Islands (13%). The majority of the individuals reported are male (92%), while foreign nationals represent 15% – a percentage that has grown compared to the past, with a higher presence in the northern regions.

From an age-demographic perspective, a strong presence of young people emerges: in 2025, nearly half of the reported individuals (**48%**) were **under the age of 25**, with an additional 15% in the 25-29 age group.

Individuals between 30 and 39 years of age represent 18%, while 19% are 40 years old or older. **Minors** account for **10%** of the total, a percentage that has remained stable over time, while 18-to-19-year-olds represent 12%. Finally, those under 14 years old have a very limited impact (less than 1%).

In relation to the population, there were **81 reported individuals per 100,000 residents between the ages of 15 and 74**. This value increases significantly among the youngest groups, reaching 187 per 100,000 in the 15-17 age group and 387 per 100,000 among 18-to-19-year-olds, confirming a higher prevalence of the phenomenon at younger ages.

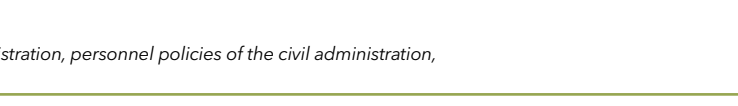
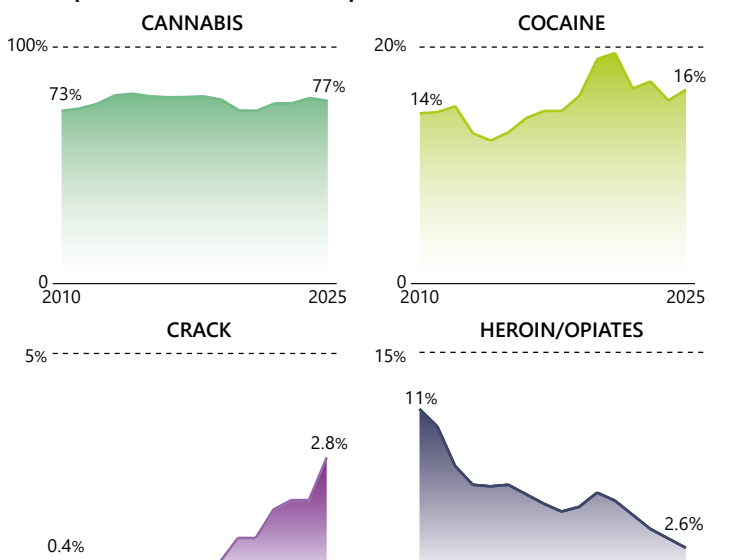
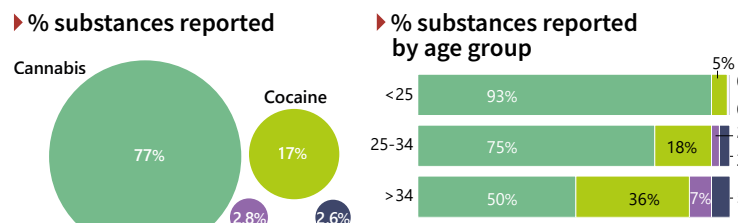
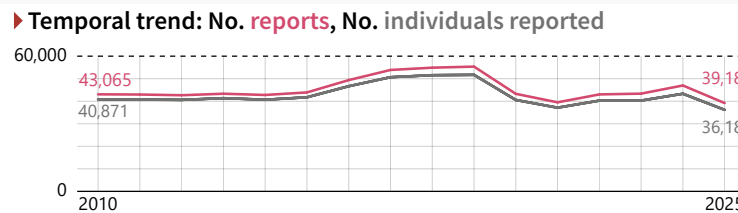
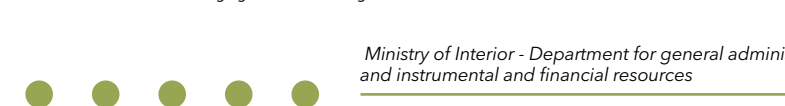
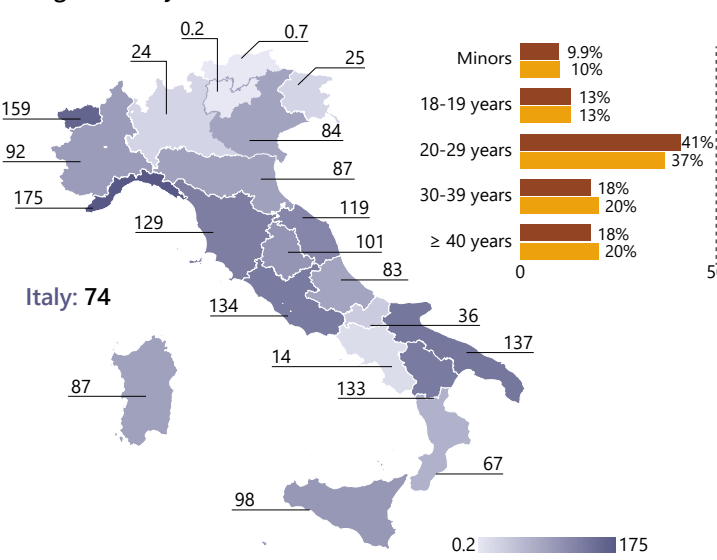
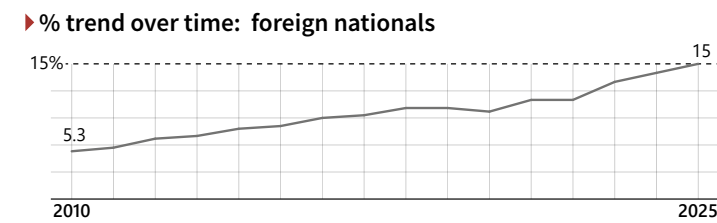
The most frequently reported substance remains **cannabis and its derivatives**, which are present in **77%** of all reports for personal possession. This pervasiveness is even more pronounced among minors, where it reaches 97%, and among foreign nationals, where it reaches 82%. Since 2014, the percentage of reports for personal cannabis possession has remained substantially stable, generally fluctuating between 76% and 80%, aside from a temporary decline during the pandemic.



TABLE 5.I Reports of psychotropic substance possession for personal use (art. 75 DPR n.309/1990)

⁴Source: Ministry of Interior - Department for General Administration, Civil Administration Personnel Policies, and Instrumental and Financial Resources - Office III
⁵Data updated as of March 13, 2026

Gender	Percentage	Count
Males	92%	36,184
Females	8%	3,918
Total		39,188



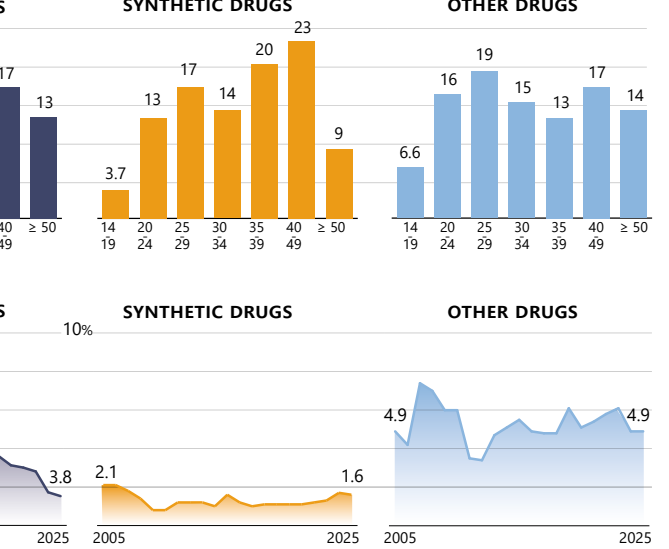
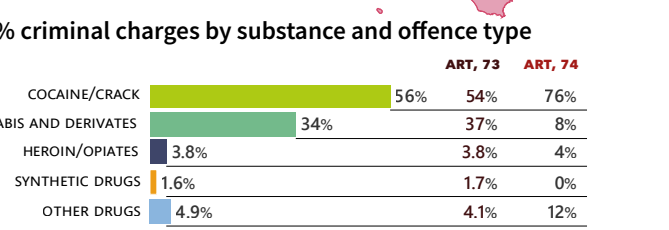
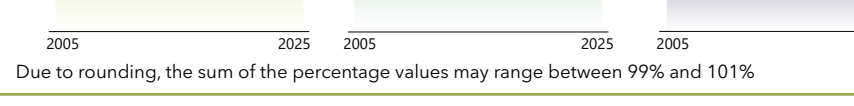
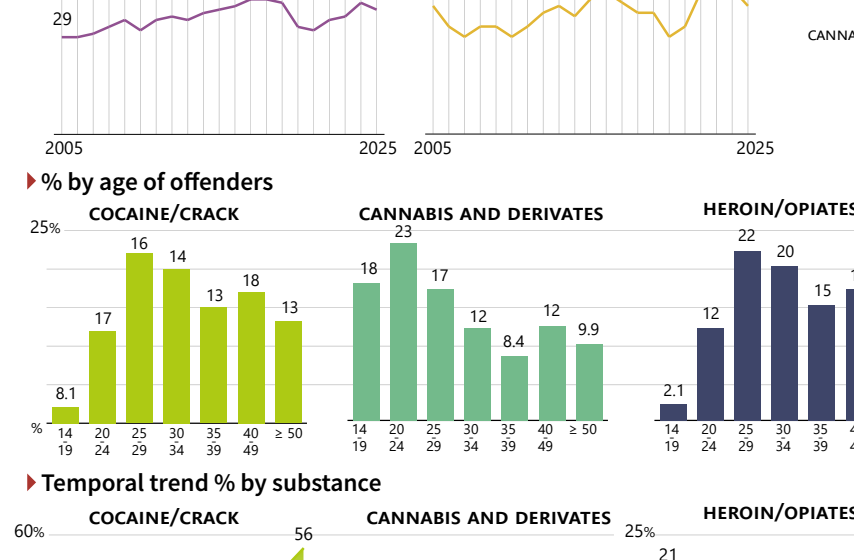
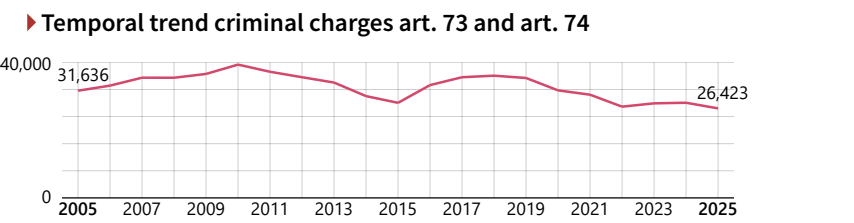
26,423 → **-5.9%** COMPARED TO 2024
CRIMINAL CHARGES

Males 93%
Females 7%

Italians 63%
Foreign nationals 37%

▶ **Rate per 100,000 residents (15-74 years and 14-17 years)**

Region	Rate per 100,000 residents (15-74 years and 14-17 years)
Valle d'Aosta	56
Piemonte	36
Liguria	59
Lombardia	62
Emilia-Romagna	57
Marche	35
Umbria	29
Apulia	16



16,470 OF ALL INDIVIDUALS CONVICTED DURING THE YEAR

12%

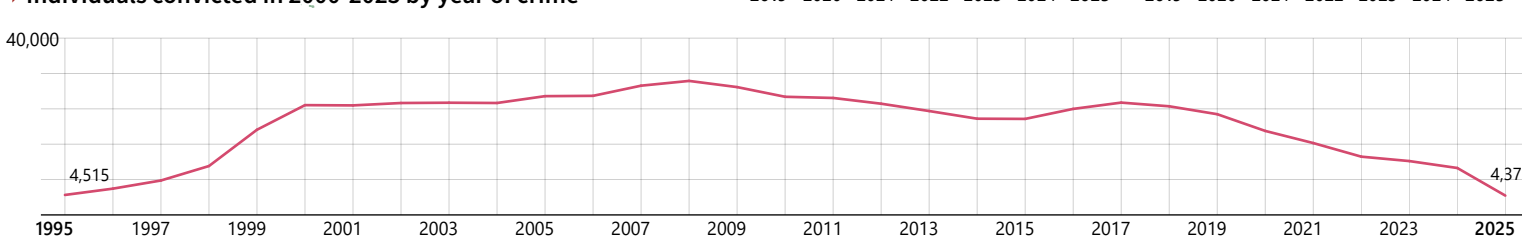
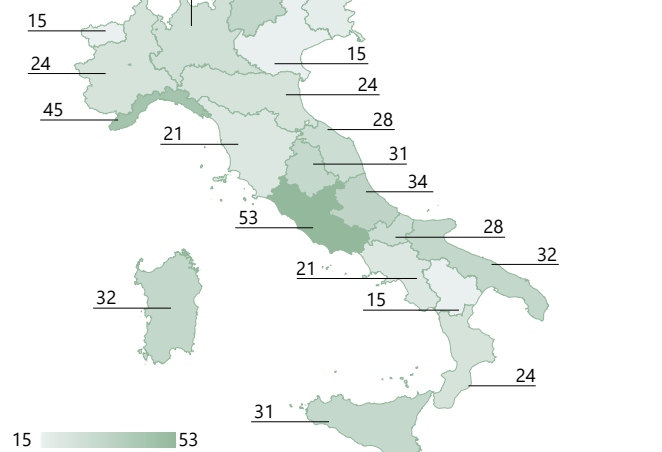
Males 93%

% by age group

50% BY SEX BY NATIONALITY

42 59% ITALIANS 41% FOREIGN NATIONALS

42 41 35



Temporal trend

No. PENDING PROCEEDINGS

Year	No. PENDING PROCEEDINGS
2017	85,332
2018	90,000
2019	73,549

No. INDIVIDUALS

Year	No. INDIVIDUALS
2017	178,819
2018	180,000
2019	156,179



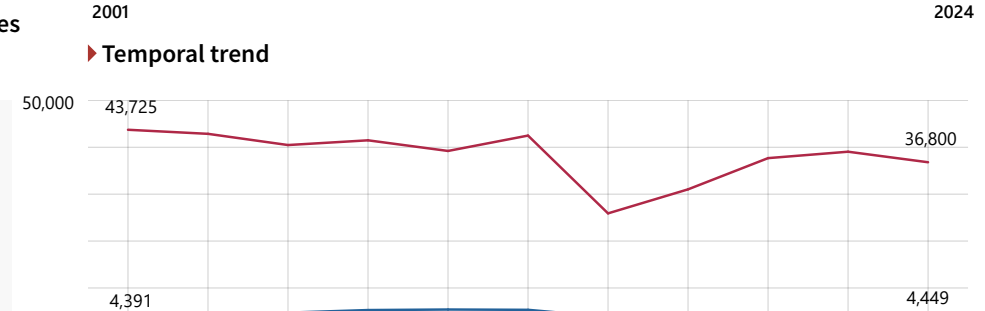
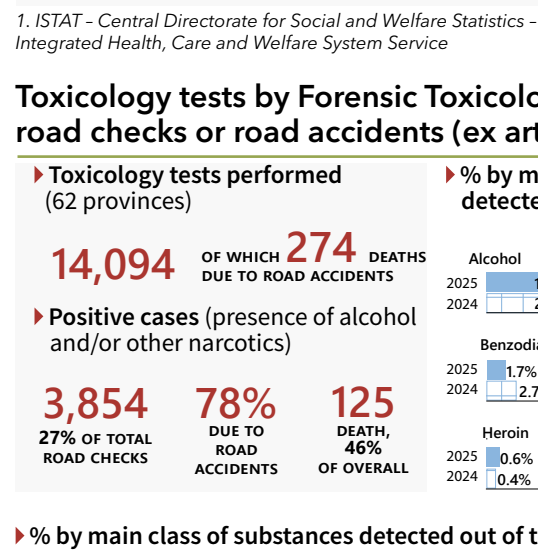
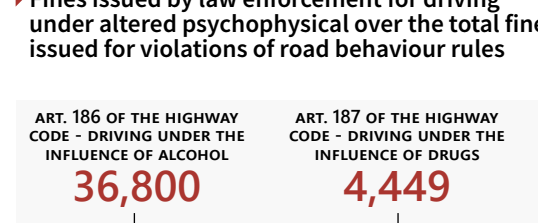
▶ Road accidents out of total accidents with 1 or 2 vehicles involved

ART. 186 OF THE HIGHWAY CODE - DRIVING UNDER THE INFLUENCE OF ALCOHOL (ART. 186)

ART. 187 OF THE HIGHWAY CODE - DRIVING UNDER THE INFLUENCE OF DRUGS (ART. 187)

5%

Category	Percentage
ART. 186 OF THE HIGHWAY CODE - DRIVING UNDER THE INFLUENCE OF ALCOHOL (ART. 186)	~0.5%
ART. 187 OF THE HIGHWAY CODE - DRIVING UNDER THE INFLUENCE OF DRUGS (ART. 187)	~1.5%



Toxicology tests performed
 (62 provinces)

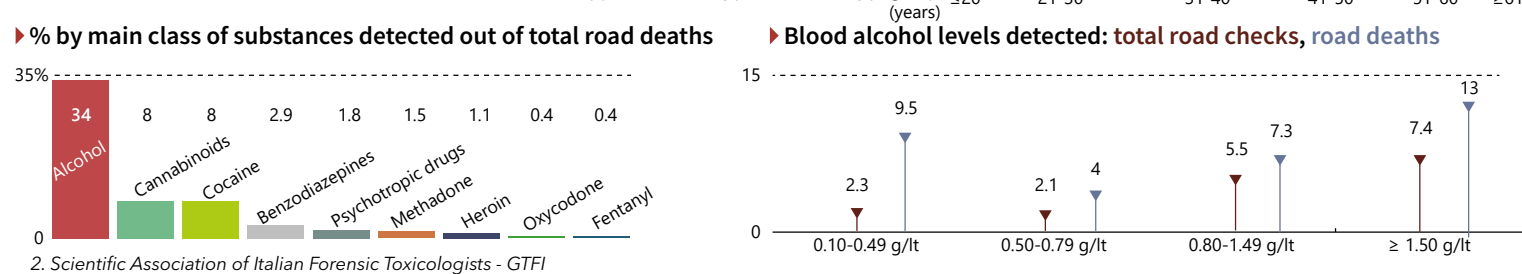
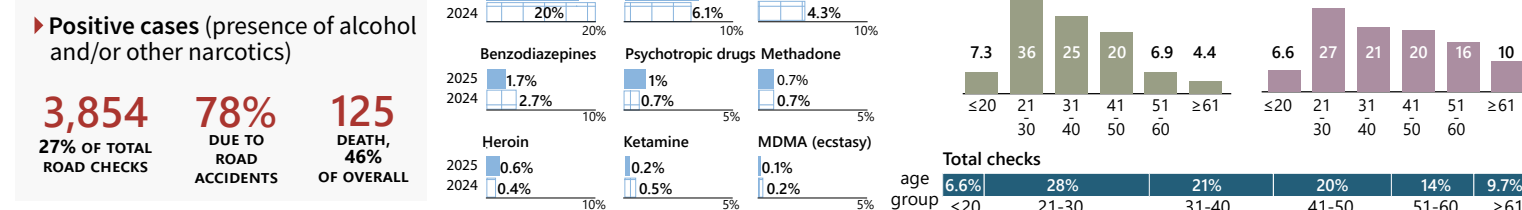
14,094 OF WHICH **274** DEATHS
 DUE TO ROAD ACCIDENTS

% by main class of substances detected out of total checks

Substance Class	Percentage
Alcohol	17%
Cannabinoids	6.8%
Cocaine	5.4%

% by age group

Age Group	Road checks	Road accidents
40%+	~10%	~10%



In contrast, other substances exhibited some distinctive shifts over time. Reports for the possession of **heroin and other opiates** have progressively decreased, dropping from 11% in 2010 to **2.6%** in 2025. Conversely, those relating to **cocaine** recorded a marked increase, peaking at 19-20% during the 2020-2021 period before stabilizing at slightly lower rates (16-17%) in more recent years, settling at **17%** in 2025. An upward trend has also been observed for **crack cocaine**, albeit at lower absolute levels: having remained below 1% until 2019, it accounted for **2.8%** of reports in 2025, confirming a growing, though still comparatively limited, prevalence.

Analysis of data on substances cited in reports for personal possession highlight distinct variations across different demographic cohorts. Cannabis and its derivatives remain the predominant substance across all age groups, though the dominance is starkest among the youth: among minors and 18-to-24-year-olds, it accounts for approximately 95% to 97% of all reports. As age increases, the relative weight of cannabis progressively declines, dropping to roughly 45% to 50% among individuals over the age of 39, with the prevalence of other substances rising. Specifically, cocaine reports scale upward with age, shifting from negligible figures among the youngest cohorts to approximately 35% to 40% within adult demographics. Crack cocaine similarly shows a higher prevalence among older demographics, reaching up to 7% to 8% among those over 39. Meanwhile, heroin and other opiates are concentrated primarily within adult cohorts, though they remain at low absolute values of around 5% to 6% overall.

In 2025, out of **21,296 interviews** conducted by registered social workers at the Prefectures' Addiction Operations Units (NOT), the majority of cases concluded with non-sanctioning measures. In particular, in **62%** of cases, the Prefect of the region **issued a formal warning to cease substance use** – a measure generally adopted in less severe situations and upon a first offence – while in 36% of cases, administrative sanctions were applied, such as the suspension of a driver's license or passport; in 2% of cases, individuals were directed to enter a therapeutic and social-rehabilitation program at addiction services (either public or accredited private facilities). Eighteen percent of the proceedings handled during the year concluded with the application of administrative sanctions due to a failure to appear for the interview.

In the same year, the Prefects forwarded **3,268 reports** for the use of psychoactive or psychotropic substances to the local Addiction Services (SerD), in accordance with **art. 121** of Presidential Decree No. 309/1990. In such cases, the services convene all parties involved to assess the option of starting a therapeutic and social-rehabilitation pathway.

In 2025, the number of **criminal charges** filed with the Judicial Authority for offences in violation of Presidential Decree No. 309/1990 was **26,423⁶**. This represents a slight decrease compared to the previous year (-6%), continuing a downward trend initiated in 2019 that has consistently



kept figures below 30,000 annual charges. However, it should be noted that these administrative figures remain subject to retrospective revisions and may be updated years after the fact.

The geographical distribution highlights that over one-third of all cases occurred in the South and Islands region (36%), followed by the Center (26%), the Northwest (25%), and the Northeast (13%). This corresponds to an overall nationwide rate of approximately 60 charges per 100,000 residents aged 15 to 74.

From a socio-demographic perspective, the dataset continues to be characterized by a distinct **male** prevalence (comprising **93%** of those charged), while foreign nationals represented 37% of the total. The age distribution confirmed a heavy concentration of charges among individuals aged 18 to 19 (7%), young adults aged 20 to 29 (36%), and those aged 30 to 39 (25%) – collectively accounting for 68% of all charges. The incidence across subsequent age groups was notably lower, standing at 16% among 40-to-49-year-olds, 8.8% among 50-to-59-year-olds, and 3.4% among those over 60. Additionally, there were 1,017 charges registered against **minors (3.8% of the total), representing a rate of 44 charges per 100,000 residents aged 14 to 17**; rates exceeding 70 per 100,000 were recorded specifically in the Liguria, Lazio, Abruzzo, Basilicata, and Sardinia regions. Among the minors charged, 30 cases involved 14-year-olds – the minimum age of criminal responsibility in Italy – equaling approximately 3% of the minors reported.

In the medium-to-long term, a shift has been observed in the age distribution of individuals charged, with a

progressive movement toward older age groups. The proportion of individuals charged aged 20-39, while remaining the largest group, has decreased over time (dropping from 73% in 2005 to 66% in 2015, and to 60-61% over the last 5 years). In parallel, criminal charges have increased among 40-to-49-year-olds (from 12% in 2005 to over 16% in the last ten years) and among 50-to-59-year-olds, who more than doubled their presence (from 3-4% to values close to 9%), with particularly sustained growth after 2015. Similarly, the percentage of those over 60 grew from 0.8% in 2005 to 2% in 2015, reaching over 3% in 2021. Regarding the percentage of minors charged, this remained overall stable over time, hovering around 3-4%.

With reference to the substances involved, charges primarily concerned **cocaine and crack**, which in 2025 accounted for **56%** of the total, followed by those relating to cannabis and derivatives at 34%; smaller proportion involved **heroin** and other **opiates (4%)**, **synthetic substances (1.6%)**, and other substances (4.9%). Over time, the distribution of charges have significantly shifted by substance type. After an initial phase in which cannabis and derivatives were more prevalent, there has been a steady increase in cocaine-related charges since 2015, progressively becoming the most frequent. Meanwhile these have decreased for cannabis and, especially, heroin.



TABLE 5.I Criminal charges committed under DPR n.309/1990 (art. 73 and art. 74)

⁶Source: Ministry of Interior - Central Directorate for Anti-Drug Services (DCSA)

In 2025, in line with trends recorded since 2005, **91%** of charges concerned the offence of illicit trafficking, production, and possession (**art. 73**) and the remaining **9%** concerned association aimed at trafficking (**art. 74**). Over the years, a progressive transformation of the phenomenon is evident, characterized by the reinforcement of the role of cocaine and crack both in possession and dealing charges and within drug trafficking organization contexts, alongside a simultaneous downscaling of cannabis and derivatives and, even more markedly, of opiates. Within possession and dealing charges, those for cocaine and crack, following a decline between 2005 and 2014, recorded steady growth to represent 54% of criminal charges for drug dealing in the latest year – the highest value of the last twenty years. An opposite trend is shown by charges related to cannabis and derivatives which, after an expansion phase that culminated in 2017, progressively decreased to represent 37% in 2025. Even more marked was the reduction in charges linked to heroin and other opiates, which dropped from 19% in 2005 to 4% in the last two years. A similar trend was observed for the offence of criminal association, where cocaine/crack accounted for 76% of charges, confirming a growing centrality even within organized drug trafficking contexts.

Specifically, in 2025, **reports for cocaine/crack** totaled **14,774** (+1.5% compared to 2024), 88% of which referred to art. 73, concentrated primarily among 20-to-39-year-

olds – a group that accounted for approximately 60% of cases; 39% of those charged were of foreign nationality. Charges for **heroin and other opiates**, totaling **1,006** (-16%), concerned the offence of possession and dealing in 90% of cases and showed a higher incidence of foreign citizens (54%), as well as a primary concentration among ages between 25 and 44 (67%).

For **cannabis and its derivatives**, there were **8,950** charges, 70% of which were for hashish (6,223 cases), 25% for marijuana (2,269 cases), and the remaining 5% for the cultivation of cannabis plants (458 cases). The charges, which almost exclusively concerned the offence of possession and dealing (98%), were concentrated primarily among the youngest: 41% concerned those under 24, 17% concerned 25-to-29-year-olds, and approximately 8% involved minors.

Charges for **synthetic substances** (**410** cases) and those for **other drugs** (**1,283** cases) were both down compared to the previous year (-14% and -7% respectively) and almost entirely attributable to art. 73. In the case of synthetic drugs, charges were concentrated primarily between the ages of 18 and 29 (50%), while those referring to other drugs showed a distribution more similar to that of cocaine, predominantly in the 20-39 age groups (62%), with a non-negligible presence of subjects aged 60 or older (6%).

Consequences for drug-related offences

As of 31 December, 2025, the Italian judicial system shows a total of **73,549 pending proceedings against known suspects** relating to the offence of illicit production, trafficking, and possession of psychoactive substances (**art. 73** of Presidential Decree No. 309/1990), a condition that affects a total of **156,179 people**. Parallel to this, there are **4,496 pending proceedings** for the offence of criminal association aimed at illicit trafficking (**art. 74**), involving **46,001** individuals⁷. Added to this picture are 104 proceedings for violations of art. 79, concerning the facilitation of the use of psychoactive or psychotropic substances, and 25 proceedings relating to art. 82 for instigation, proselytism, and inducement to crime involving minors. Taken as a whole, at the close of 2025, the judicial system counts 78,174 pending criminal proceedings against 202,390 people.

Each proceeding for offences under art. 73 involves, on average, just over two people, whereas the complexity of the offences referred to in art. 74 is reflected in an average of more than ten individuals per case file, confirming a ratio that remains constant over time.

Regarding the involvement of **minors**, they are present in 8.8% of pending proceedings under art. 73, accounting for 5.1% of those charged. For art. 74, however, the percentages drop to 2% of proceedings and 0.4% of the individuals involved, respectively.

An analysis of the historical series starting from 2020 highlights a steady decrease in total pending proceedings,

a trend primarily attributable to the decline in offences under art. 73. Specifically, the reduction in proceedings for these offences peaked in 2023 with a 7.1% drop, followed by a further decrease of 4.2% over the last year; conversely, proceedings linked to art. 74 showed no significant variations, maintaining a stable trend.



TABLE 5.1 Pending proceedings for drug-related offences

In terms of judicial stages, 34% of cases relating to art. 73 and 50% of those referring to art. 74 are in the preliminary investigation phase, while the first-instance trial phase involves 50% and 35% of the proceedings, respectively, encompassing a total of 89% and 94% of the individuals involved.

The geographical distribution as of December 31, 2025, shows that nearly one-third of the proceedings involving violations of art. 73 are pending in the judicial offices of the northern regions (32%), particularly in Lombardy, Veneto, and Piedmont, while 42% of pending proceedings for violations of art. 74 are concentrated in the South, especially in Campania and Apulia. Within this landscape, the Lazio region stands out with the most significant percentage of pending proceedings nationwide, accounting for 15% of case files related to both articles 73 and 74.

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

In 2025, the **number of individuals convicted by a final, unappealable judgment** for violations of articles 73 and/ or 74 of Presidential Decree No. 309/1990 was **16,470**, equivalent to approximately 12% of the total convicted individuals recorded in the Criminal Records Bureau info system⁸. This figure confirms that these offences continue to represent a significant percentage of convictions over the last five years. Over time, a generally downward trend is observed, although the available information may be subject to ongoing system updates and might not reflect a fully consolidated picture.

From the perspective of sex distribution, a distinct **male** prevalence is evident, representing **93%** of those convicted. In relation to age at the time of the offence, 27% fall into the 18-24 age group, 31% into the 25-34 group, and 30% between 35 and 54 years old, while 5.3% are aged 55 or older. Among men, 59% committed the offence between the ages of 18 and 34; among women, however, the distribution appears more balanced, with 45% in the 18-34 age group and 55% at a more advanced age.

In 2025, there were **303 minors** with a final conviction for offences of psychotropic substance legislation, accounting for 1.8% of total convictions for these offences.

With reference to the type of offence, in 2025, **all final convictions** exclusively concerned **art. 73 (production, trafficking, and possession of psychotropic substances)**. There were no judgments for the offence of association aimed at trafficking (art. 74), nor for joint violations of both

articles. This data is part of a trend of progressive growth in convictions under art. 73, which rose from 92% in 2019 to 99% in 2022, reaching 100% in the latest reporting cycle.



TABLE 5.I Final convictions for drug-related crimes

In 2025, **26%** of convicted individuals were **repeat offenders**, a figure slightly lower than the 2020-2024 period, when the percentage stood between 27% and 28%. Recidivism was more frequent among Italians (27%) compared to foreign nationals (24%).

Regarding the degree of judgment, 70% of final convictions resulted from proceedings concluded in the first instance, with a higher percentage among non-recidivists compared to repeat offenders (73% vs. 60%). In terms of the adjudicating authority, 32% of the sentences were issued by first-instance courts, 37% by Judges for Preliminary Investigations (GIP) and Judges for the Preliminary Hearing (GUP), while the remaining 31% were resolved at the Court of Appeal level.

Finally, considering the 2020-2025 period, final convictions refer to offences committed from 1995 onward. On average, each convicted person was found to be involved in 2 offences committed in the same year, a value that increases to 3 in 2002 and 4 in 2003. A lengthening of the time between the commission of the offence and the final

judgment is also observed: in 2025, almost a quarter of the convictions referred to offences committed at least four years prior, whereas in 2019 this percentage stood at 14%.

On **31 December, 2025**, there were **21,562** detainees present in Italian penal institutions for offences committed in **violation of the legislation on psychotropic substances** (Presidential Decree No. 309/1990) (+2% compared to 2024), accounting for **34%** of the **total prison population** – a percentage that has remained substantially stable since 2014⁹. Of these, 78% had received a final conviction, showing a progressive growth of this component over time, which rose from 40% in 2006 to 60% in 2011, and up to 72% in 2021.

Of the 21,562 detainees present for drug-related offences, **64%** were incarcerated solely for the offence of illicit production, trafficking, and possession of psychoactive or psychotropic substances (**art. 73**), **5%** solely for the offence of association aimed at trafficking (**art. 74**), and the remaining **32%** for joint violations of **both articles**.

The trend over time highlights a gradual transformation in the composition of this prison population and a growing incidence of detention statuses linked to more complex legal cases, which jointly involve dealing activities and organized dimensions of drug trafficking. Indeed, the percentage of detainees present for art. 73 alone has progressively decreased, dropping from 78% in 2008 to 63% in 2021, before stabilizing in recent years around 64%. This stands in contrast to the **increase** recorded in the

percentage of detainees for joint violations of articles 73 and 74, which rose from 19% in 2008 to 27% in 2018, subsequently settling between 30% and **32%** over the last five years. Conversely, the percentage of detainees present for art. 74 alone remained more limited and stable, hovering around 5% in more recent years, following values close to 3% until 2013.



TABLE 5.II PLIPs in the penitentiary system for offences under DPR n.309/1990 on 31 December

Focusing attention on the **20,542 detainees present** as of December 31, 2025, for offences linked to **art. 73**, either alone or in combination with art. 74, these individuals represented **32%** of the total prison population present on the same date. Since the entry into force of Law No. 79/2014, this percentage has remained stable between 32% and 33%, compared to values between 37% and 40% in previous years. Among detainees detained under art. 73, 30% are of foreign nationality, a percentage in steady decline compared to the levels recorded in 2008-2009, when it stood at 48%.

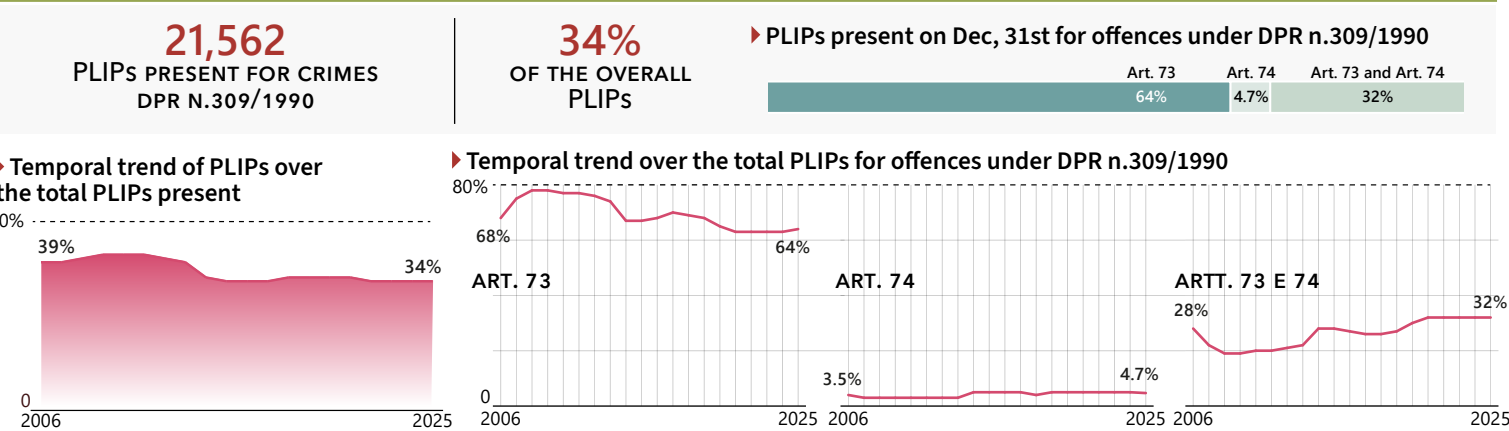
With reference to geographical distribution, 49% of detainees for violations of art. 73 were located in penal institutions in the South and the Islands (32% in the southern regions and 17% in the islands), while 31% were located in institutions in the North and 21% in those of the Center.

⁸Source: Ministry of Justice - Department for Justice Affairs - General Directorate of Internal Affairs - Office III

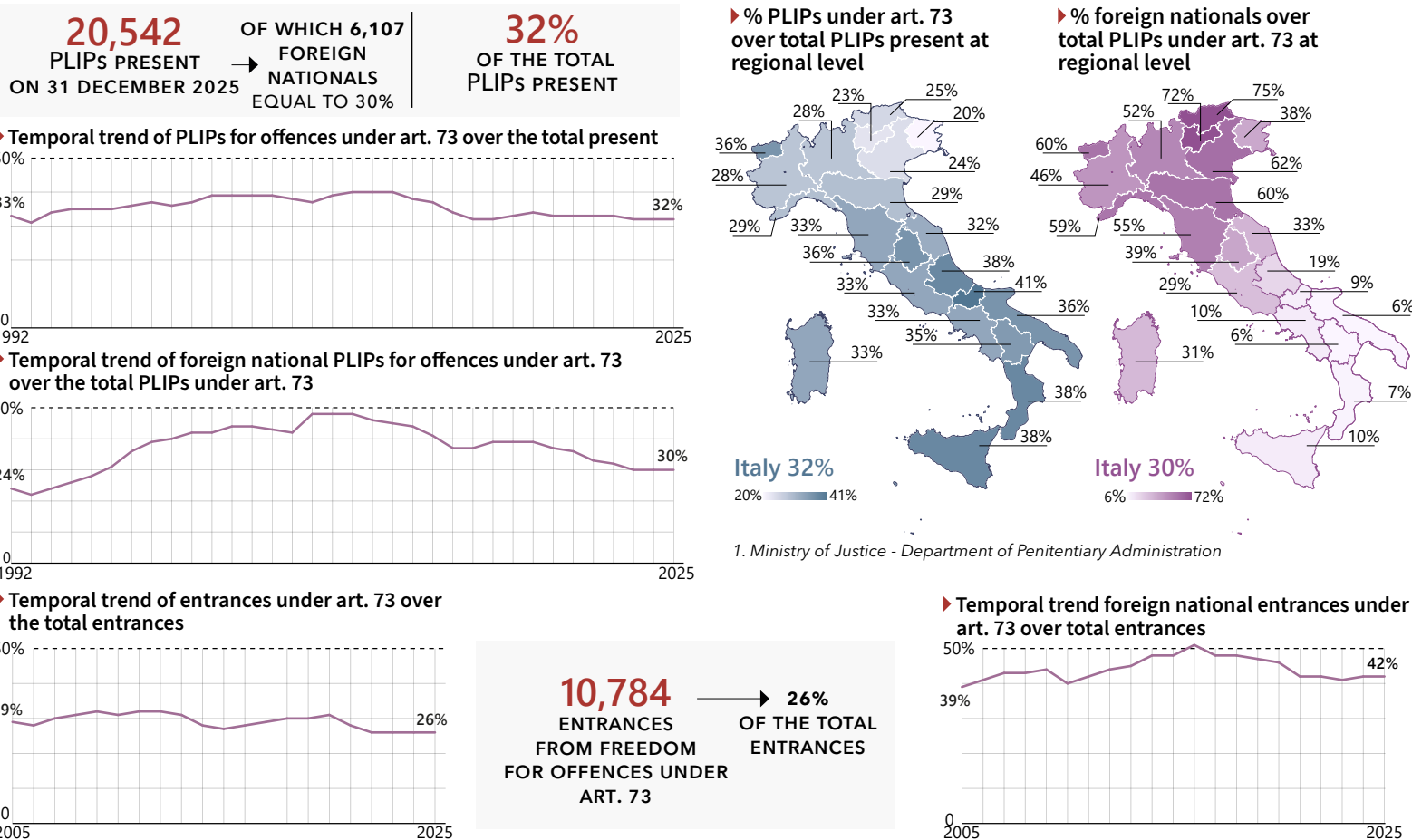
⁹Source: Ministry of Justice - Department of Administration Penitentiary

Table 5.II Individuals in the penitentiary system (PLIPs) for drug-related crimes in 2025

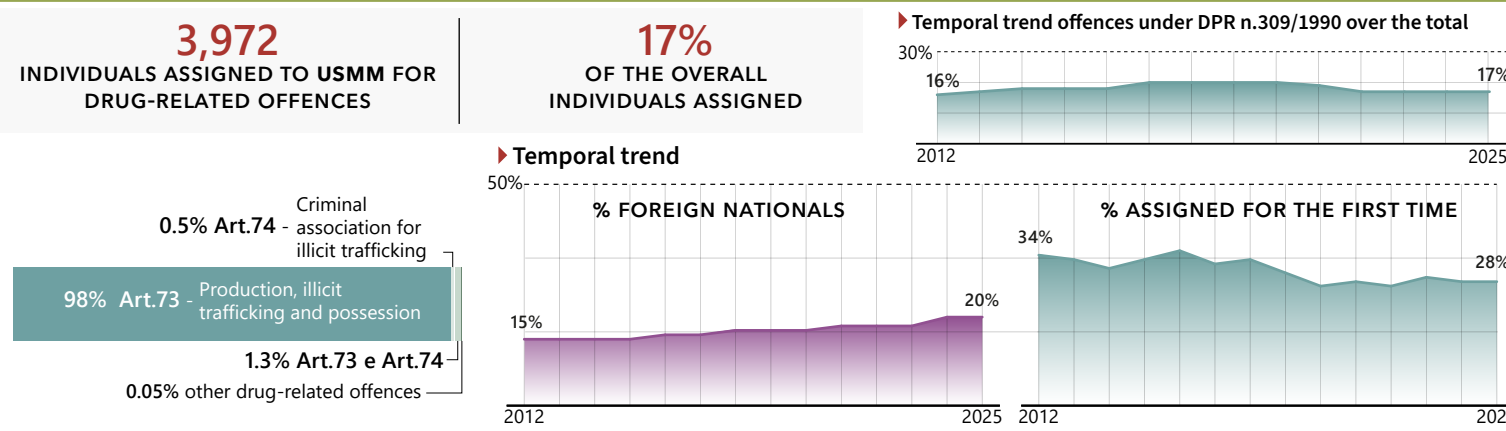
PLIPs in the penitentiary system for offences under DPR n.309/1991 on 31 December¹



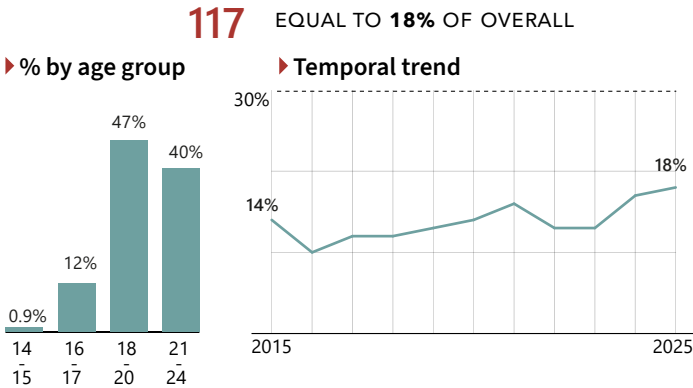
PLIPs for offences under art. 73 DPR n.309/1990¹



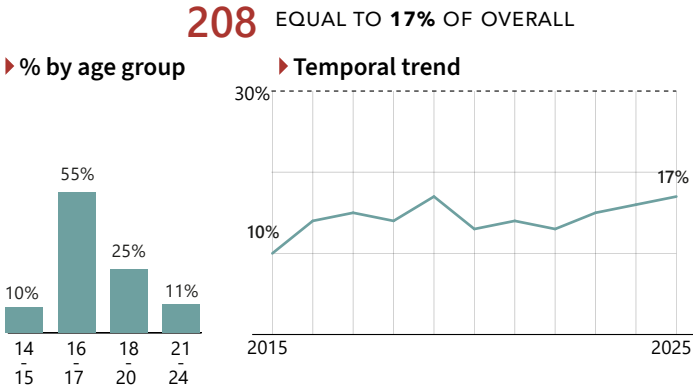
Minors and young adults (14-24 years) in the penitentiary system for offences under DPR n.309/1990²



Alternative community measures

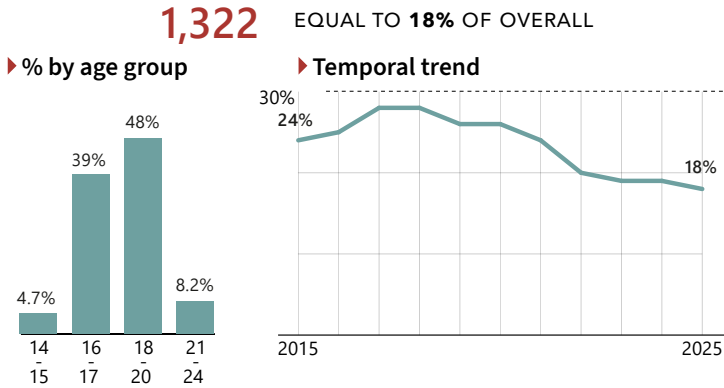


Entrances to juvenal penal institutions

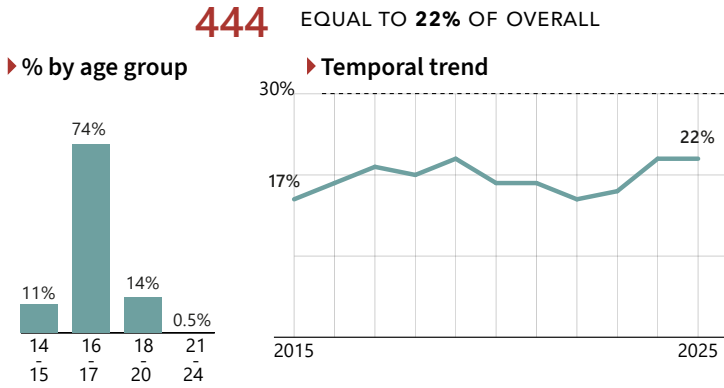


Due to rounding, the sum of the percentage values may range between 99% and 101%

Suspension proceedings and probation measures



Placements in therapeutic community



2. Ministry of Justice - Department of Juvenile and Community Justice

A different picture emerged for the foreign component, which was predominantly concentrated in northern penal institutions, where 55% of foreign detainees for Art. 73 were located, compared to 18% recorded in the south and Islands.



TABLE 5.II Detainees for offences under art. 73 DPR n.309/1990

Overall, the geographical distribution and composition of the prison population detained for violations of art. 73 is consistent with a greater presence of foreign individuals in the street-level drug market, particularly in the northern regions, while in the southern and island areas, the role of native criminal components appears predominant.

During 2025, the number of **individuals entering prison** for offences linked to **art. 73** was **10,784**, of whom 5,379 entered during the first half of the year and 5,405 during the second half, accounting for **26%** of total prison admissions from freedom recorded during the year. In the medium term, this incidence has shown a progressive reduction: while until 2020 the percentage of intakes for violations of art. 73 had remained predominantly between 29% and 32%, a drop has been observed since 2021, which was also confirmed in the latest year.

With reference to nationality, 42% of intakes for the offence of illicit production, trafficking, and possession of

psychoactive or psychotropic substances involved foreign individuals, a percentage that has remained substantially stable since 2021. In previous years, and particularly between 2013 and 2020, the incidence had been higher, fluctuating between 45% and 48%, with a peak of 51% recorded in 2016.



During **2025**, the **Juvenile Social Service Offices (USSM)** monitored **3,972¹⁰ young individuals between the ages of 14 and 25** for drug-related offences, a figure representing **17%** of the total caseload handled. Within this group, the male component reached 96%, foreign citizens accounted for 20% of cases, and 28% of the youth came into contact with Juvenile Social Services for the first time. The percentage of these young people within USSM, after increasing from 17% to 20% between 2013 and 2020, has shown a gradual decline over the last five years. Conversely, the percentage of involved foreign nationals showed significant variations, moving from stability around 14-16% in the 2013-2020 period to touching 20% in the last two years.

In terms of the type of offences, **98%** of the juvenile criminal caseload was charged solely with offences of production, trafficking, and possession (**art. 73**), while criminal association aimed at illicit trafficking (**art. 74**) affected **0.5%** of cases, and **1.3%** presented **both charges** – shares that have remained stable over the last five-year period. The remaining marginal percentage, equal to 0.05%, was attributed to other drug-related offences.

Regarding alternative measures, **117 cases** of young people subjected to community-based or **alternative measures to detention** for drug-related offences were registered in 2025, a value equal to **18%** of the total, representing the highest level recorded since 2013. In this area, the vast majority of those affected were male (98%), 27% were of foreign origin, and 13% were minors.



TABLE 5.II Minors and young adults (14-24 years) in the penitentiary system for offences under DPR n.309/1990

A significant volume of activity concerned the **1,322 young people** followed by Juvenile Social Services within the framework of **trial suspension and probation measures (MAP)** for violations of psychoactive legislation. This caseload constituted **18%** of the total number of minors involved in MAP measures, a figure confirming a steady

decline compared to the 28% registered in 2018. In this specific scope, 96% were male, 16% were foreign, and 44% were minors.

In 2025, intakes into **Juvenile Penal Institutes (IPM)** for drug-related offences totaled **208**, accounting for **17%** of total intakes. This data highlighted an upward trend compared to the 2020-2022 three-year period, when the percentage had settled around 13%. Among the youth entering IPMs, almost all were male (99%), 34% were of foreign nationality, and 64% were minors.

Finally, **placements in therapeutic communities** involved **444 young people**, representing **22%** of the total placements for the year, maintaining a percentage equal to that of the previous year and stabilizing at pre-pandemic levels. The majority of these intakes were male (97%), with a percentage of foreign nationals equal to one-third of the total; regarding age, 74% fell into the 16-17 age group and 16% were between 14 and 16 years old.

¹⁰Source: Ministry of Justice - Department of Juvenile and Community Justice

Drug-related reports and offences in 2025

Cannabis

Cocaine/crack

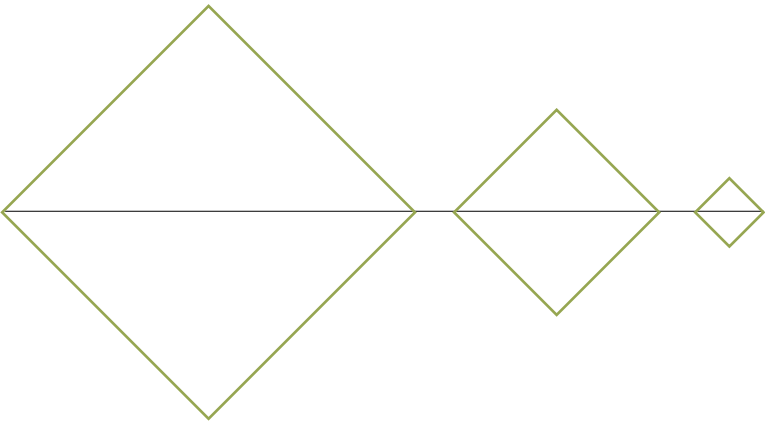
Heroin/other opiates

All

None

Reports for possession for personal use 36,184

▸ % of overall

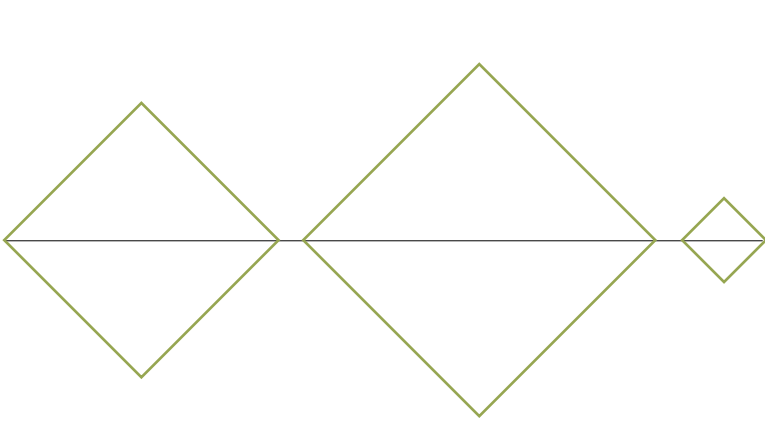


▸ Temporal trend by substance

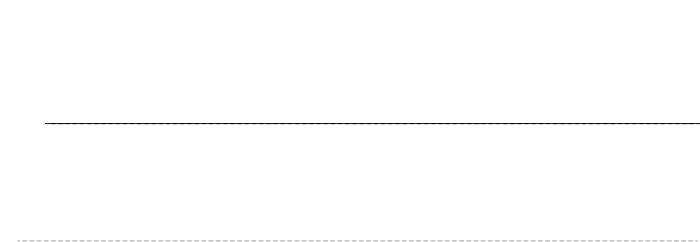


Criminal reports 26,423

▸ % of overall



▸ Temporal trend by substance



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Dipartimento delle politiche
contro la droga e le altre dipendenze

2026

REPORT TO THE PARLIAMENT
ON ADDICTIONS IN ITALY