

Italy

Country statistics

Italy has a population of 60.391.000 (the Italian Institute of National Statistics (ISTAT) report, January 2019).

The estimated number of PLHIV is 130.000 (120.000-150.000)¹⁷.

There is no official data regarding the prevalence of viral hepatitis, unofficial estimates are around 2% for HBV and 2-3% for HCV.

In 2017 there were 3,944 TB cases (6.5 per 100.000) in Italy¹⁸.

The estimated number of drug users is around 4.000.000 drug users¹⁹. The study IPSAD 2017 estimates that 10.6% of the resident population between 15 and 64 years of age used illicit drugs at least once during the course of 2017.

In the course of 2017, 851.189 people were in charge of the National Health System for mental health problems²⁰. In 2017, ISTAT conducted an investigation on data referred to 2015, finding that in 2015 3.935 suicides were reported (6.5% per 100.000).

In 2013, the Italian surveillance system reported 6.251 new cases of STIs²¹.

Access in the general population

In Italy in theory most tools to prevent blood-borne infections are available for the general public. However, when it comes to reality,

there are several issues that affect access to some of the prevention tools:

Femidoms are generally unknown to the general population and while PrEP has been approved in the European Union in 2015, it is still not yet reimbursed by the National Health System.

In addition, needle and syringe exchange programmes (NSP) have very limited coverage.

Vaccination for HBV was introduced as a mandatory vaccine for all new-borns from 1991, so the older population is not immunized properly against hepatitis B.

Information leaflets and prevention campaigns are totally insufficient; government investments into prevention are almost non-existent.

Treatment for all infectious diseases is available through and is covered by the National Health System. However, Italy has regional health systems, which means that in practice there might be differences in accessing health care services, especially for migrants in irregular situations, who should have free access to (testing, care and) treatment of these communicable diseases in Italy²².

Definition of closed setting – closed settings relevant in the national context

Closed settings are places, normally under the direct administration of the State/Ministry of Justice, in which people

are deprived of their personal freedoms and detained usually as the consequence of having been sentenced guilty of crimes that by law are punished with detention. Detention occurs after a trial that ends with a sentence determining the timespan for the deprivation of freedom.

Some individuals might also be detained for different reasons. There are different types of closed settings/prisons, according to different situations.

In Italy the following types of closed settings were identified and covered in this report: prisons; pre-trial detention prisons; identification and expulsion centres for undocumented migrants; other closed settings, which include alternative settings to detention (e.g. therapeutic and rehabilitation centres).

Difference of prevalence in closed settings vs general population

Various regional studies (no national studies) indicate that there is higher prevalence for communicable diseases in prisons, if compared to the general population.

In Italy, closed settings are often described as “concentrators of diseases”. This is partly due to the fact that some of the most affected populations are criminalized and end up in prison (e.g. people who use drugs, sex workers, migrants). A much bigger issue regarding higher prevalence of communicable diseases in prisons is the precarious conditions of many Italian prisons, often rated as insalubrious and harmful by many agencies and NGOs. This rating is partly due to the absence of necessary preventive interventions (e.g. NSP, condom distribution) despite the high presence of inmates detained for drug related crimes (25.3%) and the high rate of

consensual or non-consensual sex acts between same sex partners.

Chronic overcrowding also represents a huge risk factor, together with the lack of products for personal hygiene and hygiene more in general. In 2018, 60.439 people were detained in 190 Italian prisons, almost 10.000 more than the 50.511 official available places. The official crowding rate reaches nearly 120%.

For all the above reasons, the prevalence of HIV, HCV, and HBV is higher than in the general population. The estimated prevalence of HCV might be 10 times higher due to the high number of detainees who use drugs and originate from high prevalence countries (e.g. Egypt or Pakistan).

Funding for prevention and health interventions in closed settings

In 2008 Prison Health was transferred from the Prison Administration (Ministry of Justice) to the National Health System. The implementation of this reform, which should guarantee standards of care similar to those in place for the general population, has encountered many difficulties and resistances, and shows many regional differences.

Proper protocols formalizing the relationship between the Regional Health System and prisons exist only in some regions. Since 2008, national data on the health of detainees are no longer available. Surveillance is managed by local infectious disease hospitals and this complicates the monitoring of infectious diseases in prisons.

Screening and treatment for HIV, hepatitis, TB and STIs should be ensured by protocols, but where protocols have not been established yet there are persisting difficulties. Access to screening for the

mentioned diseases is proposed on an opt-out basis when people access prisons.

Continuity of care is ensured when detainees stay in the same prison; problems sometimes arise in case they are transferred to other prisons or at the time of their release from prison.

Prison statistics

The size (or rather estimated size) of detained population was 60.771 in Italian prisons as of July 15, 2019²³.

There is no official data available on the prevalence (or estimated prevalence) of communicable diseases.

Unofficial estimates indicate around 5.000 PLHIV in prison; half of them are undiagnosed or did not report to have HIV to the penitentiary health departments²⁴.

According to a study conducted in 2017 among 3.100 people detained in a prison in Tuscany, HIV prevalence was 1.6% in males and 0.9% in females²⁵. The same study showed that HBV prevalence was 12.6% in males and 5.3% in females, while HCV prevalence was 11.0% in males and 5.1% in females. Other unofficial sources indicate a prevalence of 6% for HBV and 10-30% for HCV. In the same study, TB prevalence rate was 5.5% in males and 3.0% in females, while other unofficial sources indicate a prevalence of 0.1%.

There is no official data available for the prevalence of mental illnesses in prisons. However, in its XV Report, 2019, Antigone (a relevant national NGO) indicated that of 60.439 detainees present at the time of data collection, 28.7% were prescribed psychiatric therapies by the penitentiary health departments.

According to the Penitentiary Administration, in 2018 61 cases of suicide were reported, for a rate of 10.4 suicides per 10.000 detainees. Other unofficial estimates indicate an average of 100 cases of suicide per year in the last years.

There is also no official data available on STI prevalence; unofficial data report 6-7% syphilis rate.

Access in prisons

Opioid Substitution Therapy (OST) is widely available in Italian prisons, while vaccination for HAV and HBV, Post-Exposure Prophylaxis (PEP), and information leaflets are available only in a few prisons.

In Italy, people in prisons have access to treatment for HIV, HBV, HCV, and TB.

Policies vs practice in prisons

Guidelines for HIV screening are in place: HIV screening is offered upon entering prison on an opt-out basis; however, implementation is very inhomogeneous in Italian prisons and the rate of detainees tested remains low.

Screening for HCV started with the availability of DAA, in the absence of specific guidelines. The main reasons for the absence of consistent screening for infectious diseases lie in structural problems and lack of healthcare staff. Screening is mostly offered to detainees with final sentences. No official data on tests performed in prisons are available.

During detention, unless some research study or other requests for data collection arise, detainees are not periodically offered to undertake tests.

No indications, nor guidelines are in place requiring a full screening for infectious diseases upon release.

Other issues in prisons

In Italian prisons, PLHIV are generally detained together with the other detainees, although LILA Milano is aware of a few cases when they were detained in separate spaces. Prisoners with viral hepatitis are also detained together with the other detainees, while those with TB infection are transferred to specific clinical departments. When it comes to medical check-ups, HIV specialists should visit patients in prison. In the absence of specific protocols or in the case of severe complications, detainees might be transported to hospitals. The same applies for viral hepatitis specialists and TB specialists.

No information was available on areas/departments where trans and non-binary people are detained during incarceration. In general, there is no access to hormonal therapy in prisons except for the prisons of Como and Florence, where it is available.

Training is available only in very few prisons, even if training activities are recommended by the National AIDS Plan. Where available, they are well attended.

Policies to secure confidentiality exist but in very many cases they are disregarded; privacy is not guaranteed in most cases.

Additional support to PLHIV or people with viral hepatitis or TB is very limited in most prisons. Psychological support is offered in very few prisons as well.

NGOs are present in a few prisons, they mostly offer information, support and orientation services.

Pre-trial detention statistics

As of December 2018, the number of detainees in pre-trial detention was 19.565 (32.8% of the total people detained in Italy)²⁶.

There is no data available on prevalence or estimates of communicable diseases or mental illness in pre-trial detentions in Italy. According to the Penitentiary Administration, out of the 48 suicides reported in 2017 (the Observatory 'Ristretti Orizzonti' counted 52 suicides in the same period), 29, i.e. 60.4% of the total, were committed by detainees who were waiting for a final sentence - and were therefore presumed innocent²⁷.

Access in pre-trial detention

Guidelines for HIV screening are in place: screening is offered on an opt-out basis upon entering pre-trial detention.

Similar to the situation in prisons, OST is available in pre-trial detention, while access to vaccination for HAV and HBV, PEP is very limited.

In Italy, people in pre-trial detention have access to treatment for HIV, HBV, HCV, and TB.

Policies vs practice in pre-trial detention

There are no specific guidelines, nor specific data, for people in pre-trial detention. Italian trials and justice system are slow and delayed and detainees might wait for a final sentence for many years, and meanwhile be transferred many times, without receiving any screening in some cases.

In general, detainees in pre-trial detention receive even less and worse testing, treatment and care services than the other detainees.

Other issues in pre-trial detention

For other conditions in pre-trial detention, please see section on "Other issues in prisons".

Centres for refugees and migrants statistics

As of Jul 31, 2018, Italy hosted a total of 160,458 migrants in different types of reception centres²⁸. Only a few of these centres are 'identification and expulsion centres', i.e. closed settings depriving migrants of their freedom. Similar to other European countries, reception centres for refugees and migrants in Italy are not closed settings in the traditional sense of the definition as people staying in these institutions are free to leave during the day and only required to return for the nights. Still, they are listed here, as due to their set up, function and conditions are similar to other closed settings when it comes to the needs, issues, and barriers regarding accessing HIV-, viral hepatitis-, and TB-services.

At present, no specific, separate data are available for such closed settings.

No official data are available on prevalence or estimates of communicable diseases or mental illness in Italian centres for refugees and migrants.

Access in centres for refugees and migrants

Condoms and information materials are available in centres for refugees and migrants only where NGOs collaborate with dedicated projects. PEP is present only if there is an efficient connection with hospitals or the National Health System.

TB screening is compulsory while HIV, HBV, and HCV are offered on opt out basis. People in centres for refugees and migrants have access to HIV, HBV and TB treatment.

Policies vs practice in centres for refugees and migrants

It is difficult to identify people and therefore no official documentation is maintained; turnover in the centres for refugees and migrants is extremely high.

Health interventions are very difficult to deliver since no protocols are in place with the National Health System. The administrations of reception centres often do not follow procedures and migrants do not trust healthcare staff and very often do not understand what they are requested to undertake.

Italian legislation allows access to testing, treatment and care for HIV and other severe health threats and conditions to undocumented migrants; nevertheless, a lot of structural, cultural, linguistic barriers and stigma still represent huge barriers.

Recent changes in the legislation related to security (Decreto Sicurezza and Decreto Sicurezza Bis) created additional obstacles for accessing the fundamental right to health granted by the Italian Constitution.

Other issues in centres for refugees and migrants

Other conditions and issues in centres for refugees and migrants are similar to prisons and pre-trial detention. Patients with TB in the infectious stages are transferred to hospital wards. Information, support, and orientation services for PLHIV and people with TB are present in centres for refugees and migrants only where NGOs are present

and are allowed to deliver these interventions.

Other closed settings statistic

The last data reported by the Ministry of Justice, relative to the first semester of 2018, indicates that during the said period of time 19.073 people benefited from alternative measures to detention.

According to the XV Report, 2019, of the NGO Antigone, in the same period 44.287 people benefited from alternative measures to detention.

As of December 31 2017, 3,146 detainees who committed drug related crimes had benefited from alternative measures to detention and were hosted in therapeutic communities for rehabilitation.

In Italy no data are available on prevalence or estimates of communicable diseases or mental illness in these institutions.

Access in other closed settings

HIV testing is offered on opt out basis in settings, which host people benefiting from alternative measures to detention.

There is limited access to condoms, Naloxone and information leaflets; they are available only in few therapeutic communities. PEP and HAV/HBV vaccines are available only if protocols with the National Health System are in place.

Policies vs practice in other closed settings

No data or information are available on differences between policies and their implementation.

Other issues in other closed settings

Similarly to the situation experienced in other Italian closed settings, PLHIV and people living with hepatitis share common living spaces with the other guests, while TB patients, when infectious, are transferred to hospitals.

Limited training on HIV issues is available for staff.

In theory policies are in place to secure confidentiality, but a lot of problems related to privacy are reported.

Other services, such as psychological support, general support, information and orientation services are limited to those communities where NGOs offer these programmes.

Young people

Young people in Italy are either detained in youth prisons or, if of foreign origin and undocumented, in the centres for refugee and migrant youth.

Minors can only access testing services if they receive the consent from their parents or legal tutors. They can access information about prevention of HIV and STIs.