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'SLOVENIA'
New Developments, Trends and In-depth Information on Selected Issues

REITOX

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Report on the Drug Situation 2005 of the Republic of Slovenia

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Introduction

This is the fifth time that the REITOX National Focal Point (NFP) at the National Institute of Public Health (NIPH) of the Republic of Slovenia (RS) launched its Annual Report on the Drug Situation, drawn up for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Report comprises qualitative and quantitative data and other relevant information from drug field in Slovenia from 2004 and for the first half of 2005.

Different ministries, institutions, agencies and professionals were involved in preparing the Report. The Report has been discussed at the corresponding meeting of the NFP Advisory Board.

Slovenian drug policy has not changed significantly compared to previous years. The relevant laws were regularly implemented by the competent authorities. There were some new initiatives and a discussion started in the first half of 2005 in connection to legislative changes in the field of the destruction of seized illicit drugs, drug testing and driving and the confiscation of property. A discussion also started in relation to legislative changes as foreseen in the new national strategy. According to the harmonisation of the Slovenian legislation to the European Union (EU) legal system, some acts in drug field were also subject to minor technical changes.

To date no action plan has been officially adopted by the Government of the RS related to drugs and, consequently, systematically collected data or specific information on implementation of the resolution on the national programme in the area of drugs that was adopted in 2004 is not yet available.

The Minister of Health appointed 10 regional coordinators of LAGs (Local Action Groups) in spring 2005. The main task of these coordinators is to strengthen the existing network of 52 LAGs and to promote the establishment of new LAGs in specific regions.

In cooperation with the Ministry of Health of the RS (Office for Drugs) and the National Council of the RS, public debate was organised in May and June 2005 on the premises of the National Council. The purpose of the debate was to identify opinions and new suggestions regarding one of the main problems in Slovenia i.e. how to link interested parties and concerned actors, institutions etc. together in the drug field.

Research on drug use in the general population was not performed in 2004 due to financial resources remaining undistributed.

The activities of the Early Warning System on new synthetic drugs (EWS) in Slovenia in 2004 continued to be performed by the Information Unit for Illicit Drugs (IUID)-NFP, Police and other relevant authorities in line with the Action Plan.

The Office for Drugs (OD) and the Slovenian NFP finalised the first EDDRA (Exchange on Drug Demand Reduction Action) entry in September 2005 (National Network TOM – Children's and Youth telephone helpline run by the Slovenian Association of Friends of Youth).

At the beginning of 2005 the new Association of NGOs in the field of harm reduction related to drugs was established, there were approximately five founding members of the association, in the phase of annexation there are also five NGOs which are partly or fully involved in harm-reduction activities.

There was an opening of a three year rehabilitation program in the framework of »Zavod Karitas« for treatment of illicit drug users in Kobilje in October 2004.

Summary

According to the health treatment data reported by the information network of the Centres for Prevention and Treatment of Illegal Drug Addiction (CPTDAs), in Slovenia heroin and cannabis remain the most prevalent drugs reported by clients. In 2004, 2,902 clients were reported in CPTDAs, 18.0% of them demanded treatment for the first time in their life. There were 78% of males and 22% of females. The treated drug user was on average 27 years old. In 2004, 90.5% of all clients demanding treatment sought help due to heroin being the main drug problem. 67.5% of reported drug users also mentioned the use of a secondary drug and 25.8% also pointed out the use of a tertiary drug.

Buprenorphine was registered as the substitution medicine Subutex in May 2004 and the launch of slow-release morphine – Substitol – came in March 2005.

At the beginning of 2005 the IUID and non-governmental organisations (NGOs) in the field of drugs started on the pilot project 'Drug Users Treatment Evidence' (DUTE). In the abovementioned pilot project twelve different NGOs (low- and high-threshold programmes) participated. Among all recorded drug users seeking help in non-treatment sources, there were 84.1% male and 15.9% female clients. Alcohol appears to be the most frequently (69.2%) reported first drug used by a client in the low-threshold programmes, followed by cannabis (17,7%).

In 2004 the NFP collected and analysed 360 articles on illicit drugs published in 12 Slovenian media sources. The aim of the research was to establish the importance of illicit drugs as a topic in the mass media. We were also interested in the correlation between media coverage of illicit drugs and the number of drug users in a specific area.

HIV prevalence consistently remained below 1% among confidentially tested injecting drug users treated in the network of CPTDAs. Similarly, during the period from 1995 to 2004 HIV prevalence among injecting drug users demanding treatment for the first time in two of these CPTDAs consistently remained below 1%. Prevalence of antibodies against hepatitis B virus (antiHBc) among confidentially tested injecting drug users demanding treatment in the CPTDA network was 4.1% and prevalence of antibodies against hepatitis C virus (antiHCV) was 22.51%.

In the year 2004 the number of drug related deaths was the highest in the last years in Slovenia, it is also due to recording indirect drug related deaths and adopting EMCDDA methodology for the past three years.

28.7% more criminal offences related to illicit drugs compared to 2003 were reported in 2004, while fewer criminal offences were related to facilitating the consumption of illicit drugs. In 2004, more criminal offences related to property crime in Slovenia were recorded compared to 2003. An increase was reported in the number of burglaries, particularly thefts from cars etc., and the police believe the main motive for these crimes was to provide resources for illicit drugs.

In January 2005 high purity of heroine was detected on Slovenian market and reported by Police.

In 2004 the number of people identified as being illicit drug users in prison rose compared to 2003. The total number of all imprisoned people in 2004 was 4,344 and, of these, 21.7% had problems with illicit drug use.

Recently, the Ministry of Labour, Family and Social Affairs of the RS has noted an increase in the number of homeless drug users.

Part A

New Developments and Trends

1. National policies and context

Overview/summary of the legal, policy and institutional framework, strategies and social context

Formal institutional framework of drug policy is represented in the section on national policies and context, based on study and analysis of formal documents. Regarding novelties in legal and institutional framework, in April 2004 Regulation on conditions for acquiring a licence to cultivate cannabis (Cannabis Sativa L.) was launched. An important occasion was public debate on national level in the drug field, organised in May and June 2005 on the premises of the National Council where all relevant actors in drug field were gathered.

Formal (*de jure*) networks for drug policy in Slovenia *prepared by Tomaž Deželan*

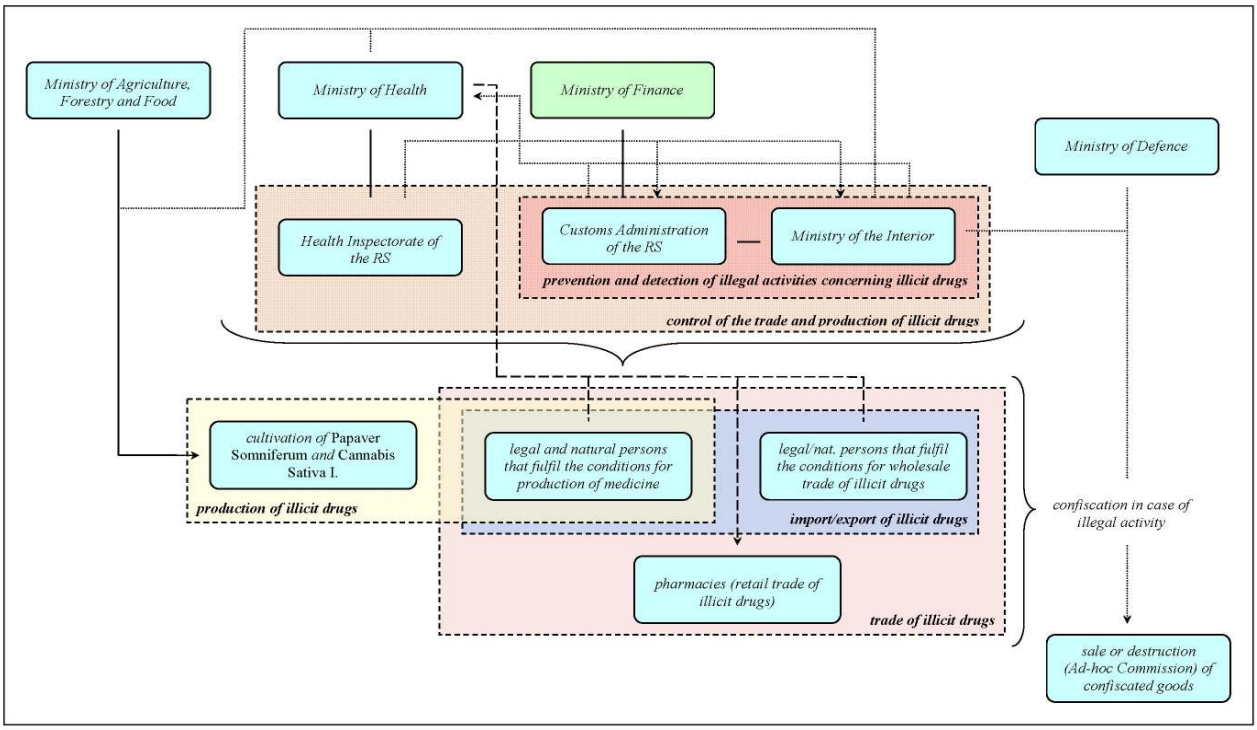
This investigation of the institutional framework for drug policy in Slovenia is initially based on formal documents (various legislative acts, decisions, regulations, resolutions, rules of procedures etc.) adopted by the National Assembly of the Republic of Slovenia (RS) and the Government of the RS and its ministries. A complex web of interconnected actors and its relations emerges and may be described in brief by the application of various selected elements of a policy network approach. Due to the features of this approach, the institutional network(s) of governmental and non-governmental actors reveal additional information regarding the character of the network, namely its complexity, the number and type of actors, the balance of power, stability of relations, and the dynamics of interactions.

In order to encompass the institutional framework for drug policy in Slovenia, an extensive analysis of the formal documents (legislation) and informal practices of actors is necessary. As a first step leading to the complete description of the abovementioned policy field, here we intend to embrace the formal aspect of the institutional framework. Thus, three main legislative acts on drug policy in Slovenia[1] provide us with a useful basis for outlining three formal networks according to their functions. The final shape of such networks is established by means of the *corpus* of formal documents presented in Table 1 (see the Annex, page 99). Therefore, the networks so delineated do not reflect the competencies of the various institutions. Instead, the focus is on the mutual interactions between the different actors involved.

We commence with the network for the production of and trade in illicit drugs, which is formally constituted by the Production of and Trade in Illicit Drugs Act (Official Gazette of the Republic of Slovenia – OJ RS, no. 108/1999 and no. 44/2000). The central functions of this network are: the prevention and detection of illicit activities concerning illicit drugs, control of the trade and production of illicit drugs, the production of illicit drugs, trade in illicit drugs and the import/export of illicit drugs (Figure 1.1). The network is more or less divided up between control/supervision and sale, import, export, transit and production activities regarding illicit drugs. The former is exercised by the government's ministries and their bodies within their responsibility (agencies). The focal responsibilities of control are reserved for the Ministry of Health with its Health Inspectorate of the RS, the Ministry of Finance with the Customs Administration of the RS and the Ministry of the Interior with the Police, while somewhat less important authorisations are granted to the Ministry of Defence and particularly to the Ministry of Agriculture, Forestry and Food. On the other end of the scale, legal entities or natural persons that fulfil the conditions for the production of medicine, the production of illicit drugs, the wholesale trade of illicit drugs and the retail trade of illicit drugs (pharmacies) are situated.

[1] The Production of and Trade in Illicit Drugs Act (ZPPD), the Precursors for Illicit Drugs Act (ZPSPD) and the Prevention of the Use of Illicit Drugs and Dealing with Consumers of Illicit Drugs Act (ZPUPD).

Figure 1.1 Network for the production and trade of illicit drugs



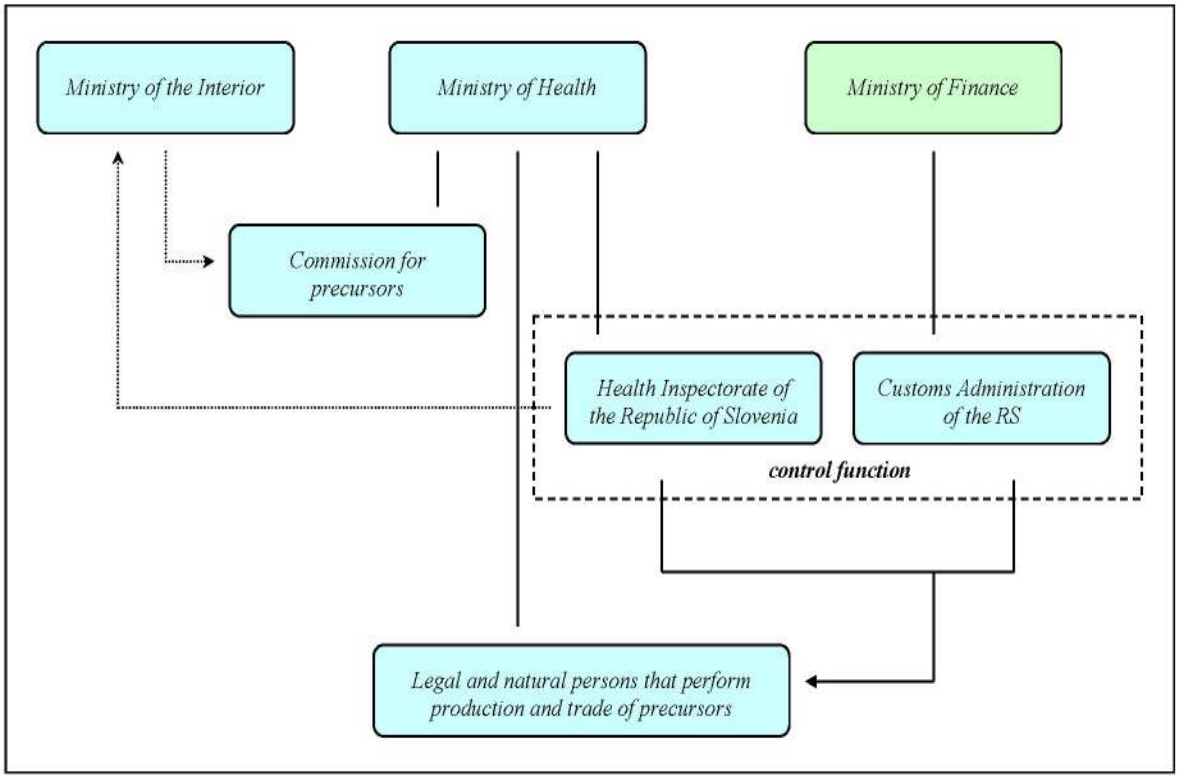
The Ministry of Agriculture, Forestry and Food issues licences for the cultivation of opium poppy and cannabis for food or industrial purposes in accordance with the conditions prescribed by the ministers of agriculture, forestry and food, health and the interior. On the other hand, the Ministry of Health issues licences for the production of illicit drugs, the circulation of illicit drugs, and wholesale trade in medicines, retail trade in medicines and the export and import of illicit drugs. In addition, it administratively supervises the implementation of provisions regarding the production of and trade in illicit drugs, while the Health Inspectorate of the RS, a body falling within the responsibility of the Ministry of Health, performs inspection supervision of the regulations concerning the production of and trade in illicit drugs. The Health Inspectorate is also obliged to report the seizure of illicit drugs, in the case of violations to the Ministry of the Interior and, where applicable, the Customs Administration of the RS. The latter, under the responsibility of the Ministry of Finance, supervises the import, export and transit of illicit drugs. The Customs Administration grants customs clearance for illicit drugs, verifies the accuracy of customs documents and provides the Ministry of the Interior with the necessary data. The Customs Administration and the Ministry of the Interior are also obliged to inform the Ministry of Health of any violations of the prohibition on the production of and trade in illicit drugs. Further, these two ministries are required to cooperate with bodies that discover and suppress the unlicensed production of and trade in illicit drugs. The Ministry of the Interior via Police is also engaged in border control and record-keeping of criminal offences regarding illicit drugs. In addition, the Ministry of the Interior and the commissioners of the Ministry of Defence are entitled to confiscate, sell or destroy seized illicit drugs. On the other hand, legal entities and natural persons that produce, trade (wholesale or retail) and export/import are engaged, in interaction with the Ministry of Health, to acquire licences, forward regular reports, report information regarding import/export and to possibly be supervised by the Ministry or Health Inspectorate. Further, many of the abovementioned entities regularly interact with the Customs Administration and the Ministry of the Interior.

This brief overview of the network of relations between the various actors makes the central role of the Ministry of Health apparent. Virtually all the actors mentioned engage in some sort of interaction with it, either requesting certain permissions or forwarding various reports. The

structure of the network is therefore relatively stable, closed/exclusive, highly institutionalised with a high level of formally defined contacts and state-dominant along with governmental and non-governmental/private actors.

A similar network is constituted on the basis of the Act on Precursors of Illicit Drugs (Figure 1.2). Such a stable, highly institutionalised network with a modest number of governmental and limited amount of non-governmental actors is virtually the same as in the previous network for the production and trade of illicit drugs. A new arrival to the network for the precursors of illicit drugs is the Commission for Precursors which deals with expert issues and is composed of members of the Ministry of Health, the Ministry of the Interior and the scientific community. Licensing and reporting is more or less identical as in the production and trade network. The control function is performed by the Customs Administration and Health Inspectorate by informing the Ministry of the Interior of all illicit activities regarding precursors.

Figure 1.2 Network for the precursors of illicit drugs



Yet the network for prevention of the use and for dealing with the consumers of illicit drugs appears to be fundamentally different. The discrepancies here principally derive from the more inclusive nature of the network for other non-governmental entities and from the wider scope of its functions, ranging from informational, medical educational and consulting activities, medical treatment, social security services and programmes for the resolution of social problems related to the consumption of illicit drugs, to monitoring of the consumption of illicit drugs. At one end of the network of actors is the legislator – the National Assembly of the RS – which adopts the draft national programme in the area of drugs on the proposal of the Government of the RS. The proposed national programme is submitted to the Government of the RS by the Commission of the Government of the RS for Drugs (the Commission), which also promotes and coordinates governmental policy and programmes, proposes certain measures and monitors implementation of the provisions of international conventions. The Commission operates at the inter-ministerial level and is composed of representatives of the ministries of health; finance; defence; education and sport; justice; labour, family and social affairs; interior and experts in the field of drugs. On the other hand,

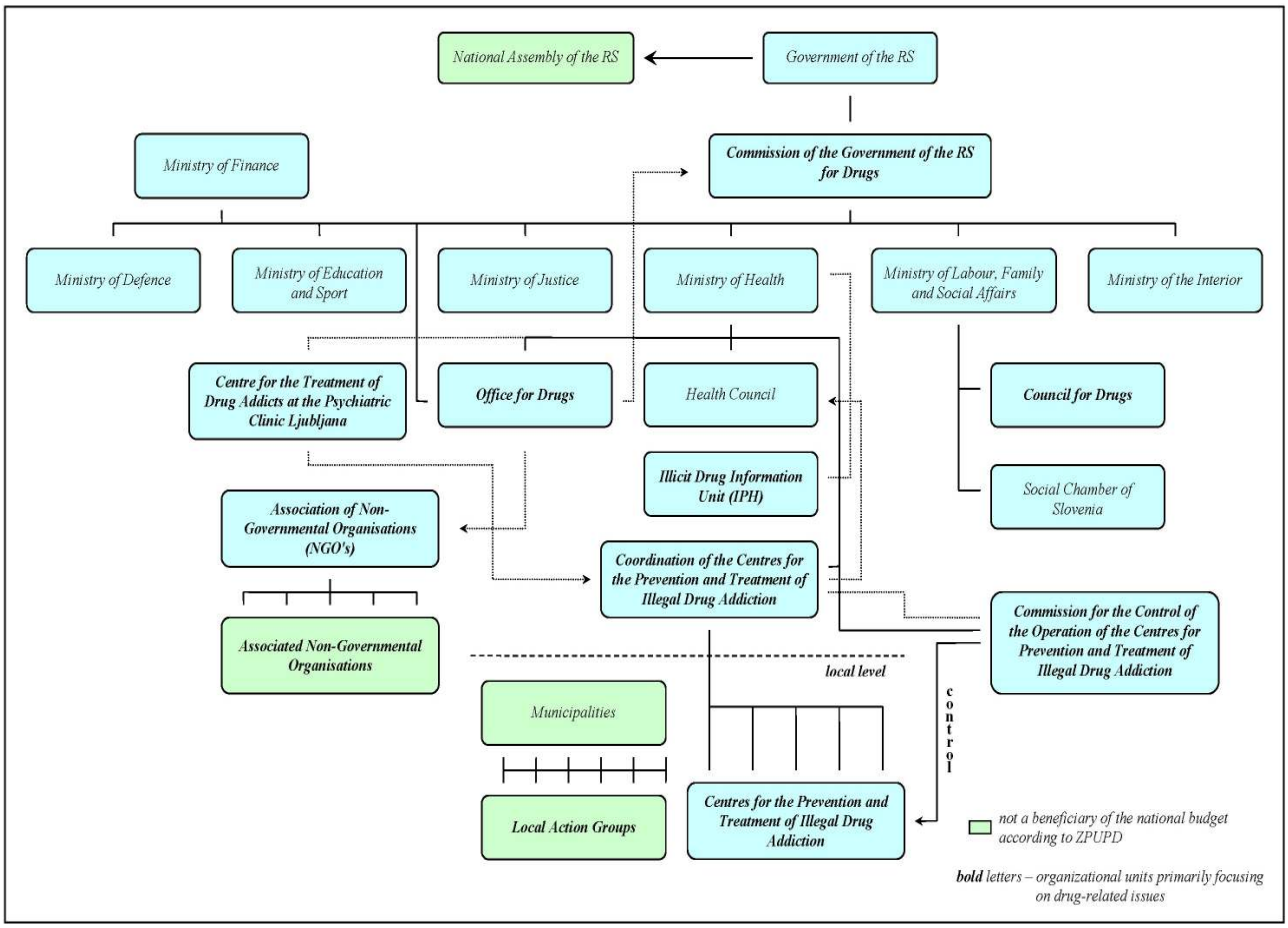
the OD under the Ministry of Health carries out administrative work for the Commission and ensures the implementation of resolutions adopted by the latter. The OD is also the coordinator of the inter-departmental preparations of the national programme, budgetary proposals, negotiations on the priorities and inter-departmental participations in international organisations due to its engagement in the common information system with the abovementioned ministries. In addition, the OD provides some of the funding for the operations of the Association of NGOs. Various other institutions operate within the public health part of the network, and are more or less regulated by the Ministry of Health. The Health Council, a consultative organ of the Ministry approves programmes for the hospital and outpatient treatment of the consumers of illicit drugs. The implementation of such outpatient activities for the prevention and treatment of addiction is performed by the public health service network of the CPTDA (the Centres), while the realisation of hospital and specialist outpatient clinic treatment is carried out by the Centre for the Treatment of Drug Addicts (CTDA). The former is coordinated by the Coordination of the CPTDA, which is appointed and defined in terms of its composition and procedures by the Minister of Health. The Coordination is composed of representatives of the Centres, the Ministry of Health and the CTDA, wherein members of the Council (of the Coordination) are appointed by the Minister of Health. The Coordination proposes a treatment doctrine to the Health Council, coordinates the cooperation between the Centres and cooperates with the Supervision Commission of the Operation of the CPTDA. The Ministry of Health also organises the IUID within the NIPH. The unit reports its activities to the Ministry and ensures a national information network and the inter-departmentally coordinated collection of data along with the exchange of information at the national and international levels.

The public social security services related to the consumption of illicit drugs fall within the competence of the Ministry of Labour, Family and Social Affairs in line with the act governing social security and the norms and standards of the minister. Programmes resolving social problems related to the consumption of illicit drugs that are co-financed with public funds have to be verified by the Council for Drugs, which is due to be established and appointed by the Ministry of Health. The abovementioned programmes are proposed by the Social Chamber of Slovenia, the main association of experts in the field. The Ministry of Labour, Family and Social Affairs is also the main governmental source for funding NGOs and their programmes. At the other end of the network are the LAGs, at the local level, which monitor and coordinate the implementation of measures regarding prevention of the use of illicit drugs. These LAGs are established and financed by the municipalities.

The network for preventing the use and dealing with the consumers of illicit drugs (see Figure 1.3) is largely functionally more diverse than the previous two since it somewhat regulates the prevention, treatment, social security, and NGOs and monitors issues dealing with illicit drugs. In addition to the complex web of the dominant (mainly due to funding) state actors in the field, the network is composed of various civil society entities such as many types of NGOs in different fields, LAGs etc., and is in that respect fairly inclusive. The level of interaction between the two ‘poles’ lies somewhere between consultation and cooperation since the civil society entities can be involved in public (state) programmes. The network is, on the other hand, relatively stable since it provides a fairly large number of formal contacts due to the high degree of institutionalisation of the field.

Nevertheless, these institutional incentives and the formal framework imposed by the legislator do not reveal how much these elements are actually implemented. The evaluation of the extent to which these institutional designs are realised, which follows in the next volume, is therefore the next logical step for identifying the *de facto* network for state policy in the field.

Figure 1.3 Network for prevention of the use and for dealing with the consumers of illicit drugs



Legal framework *prepared by Matej Košir*

The Resolution on the National Programme in the field of Drugs (the Resolution) was adopted by the National Assembly in February 2004 (for more information here please see the previous report). Laws were regularly implemented by the competent authorities (e.g. ministries, police, customs, inspectors etc.). The Ministry of Agriculture, Forestry and Food issued the regulation on conditions for acquiring a licence to cultivate cannabis (Cannabis Sativa L.) in April 2004.

There were some new initiatives and discussions in the first half of 2005 in connection with legislative changes in the area of the destruction of seized illicit drugs, drug testing and driving and the confiscation of property. A discussion also started in relation to legislative changes as foreseen in the new national strategy (for more information here, please see the previous report).

Institutional framework, strategies and policies *prepared by Matej Košir*

In autumn 2004 following the national elections the OD within the Ministry of Health of the RS started procedures for the appointment of new members of the Government Commission for Drugs as well as new members of Inter-sectoral Coordination Working Group for Drugs that is a more operational working group at the national level. In cooperation with LAGs, the OD prepared a draft version of the Action Plan on LAGs for the period 2005-2009. The Minister of Health appointed 10 regional coordinators of LAGs in spring 2005. The main task of these coordinators is to strengthen the existing network of 52 LAGs and to promote the establishment of new LAGs in specific regions.

Budget and public expenditure *prepared by Manca Drobne, Vesna Plavšič, Matej Košir, Alenka Kolar, Sladjana Jelisavčič, Marjeta Cotman, Dušan Valentinčič*

In 2004 the IUID located at the NIPH had a total expenditure of € 187,611. From the EU (EMCDDA) the IUID received € 73,333 for 2004, while from the national programme (Ministry of Health) funds amounting to € 115,026 were provided.

The OD within the Ministry of Health spent € 213.840 on different tasks and programmes in 2004 (€ 44,790 for prevention programmes, € 22,020 for studies and expertises, € 15,090 for international cooperation, € 112,500 for risk/harm-reduction programmes etc.).

The Health Insurance Institute of Slovenia provided the following data on funding for health treatment programmes of illicit drug addiction in the period 1994 to 2004 (see Table 1.1).

Table 1.1 Funds of the Health Insurance Institute for health treatment programmes of illicit drug addiction, 1994-2004

Year	Annual value of financed programmes in the CPTDAs in €[2] (in total) in base prices	Value in € for methadone as a medicine	Annual value in € for the CTDA at the Psychiatric Clinic in Ljubljana[3] in base prices
1994	/	/	/
1995	/	/	/
1996	/	/	/
1997	756,394	/	/
1998	918,693	/	/
1999	990,478	1,443,634	/
2000	1,182,088	1,825,785	/
2001	1,430,150	2,231,043	/
2002	1,809,616	2,481,277	272,472
2003	2,012,338	2,700,469	277,999
2004	2,099,654	2,919,103	291,995

Source: Health Insurance Institute of Slovenia, 2005

Notes: / - no data available

Table 1.2 Funds from the Ministry of Labour, Family and Social Affairs of the RS for co-financing social rehabilitation programmes in the field of drug addiction, 1996-2004

Year	Total amount of funds in DEM[4] or €
1996	227,452 DEM
1997	359,877€
1998	513,828€
1999	564,916€
2000	665,323€
2001	905,286€
2002	1,082,837€
2003	1,394,227€
2004	1,471,042€

Source: Ministry of Labour, Family and Social Affairs of the RS, 2005

[2] Data in € currency for each reporting year are valid for the prices dated December 31 according to the median exchange rate of the Bank of Slovenia.
[3] Financing started as part of a new contract in 2002 related to a new programme in the framework of specialist psychiatric treatment.
[4] Data in DEM currency for the reporting year are valid for the prices dated December 31 according to the median exchange rate of the Bank of Slovenia.

Table 1.3 Funds of the Prison Administration of the RS related to illicit drugs, 2002-2004 in €

Expenses by category	2002	2003	2004
Methadone	14,765	29,575	54,225
Urine tests	21,714	29,575	29,198
Drug-free units' educational programmes	1,390	1,352	1,043
Hepatitis B vaccination for employees of the PA	869	-	4,171

Source: Prison Administration of the RS, 2005

Note: - no vaccination for employees of the Prison Administration was performed in 2003.

No data on expenditure related to the illicit drug field, at the ministerial levels of the Ministry of Interior of the RS and the Ministry of Education and Sport of the RS, were reported.

Funding arrangements *prepared by Manca Drobne*

Given that the Resolution is one of the main documents in the field of drugs at the national level, there are related funding arrangements, i.e. financial resources[5] (for more information here, please see the Resolution) that are required to sufficiently implement the Resolution. The document states that funds for implementing measures at the ministerial and governmental levels are provided from different sectors according to prior harmonisation.

To accomplish the objectives of the Resolution, the following funds for different fields are provided from the budget of the RS: prevention and education programmes at school, in families, at the workplace and in civil society; for experimental and developing programmes; for the operation of the Association of NGOs in the field of drugs[6]; for the operation of the informational system in the field of illicit drugs according to tasks comprising implementation of the programme of the RS and harmonisation with the EU law; to ensure a sufficient number of places in programmes for stable abstinence and health treatment programmes; for the re-establishment and strengthening of harm-reduction programmes, for activities in the field of supply reduction; while resources for research are regularly provided through the CRP[7] system at the Ministry of Education and Sport of the RS.

Table 1.4 Budget for activities and responsible authorities[8] for implementing measures

Activities	Responsible authority
Programmes of social rehabilitation/stable abstinence	Ministry of Labour, Family and Social Affairs
Health care treatment/programmes to prevent addiction and programmes of therapy and monitoring	Ministry of Health
Supply-reduction activities and programmes	Ministry of the Interior, Ministry of Finance, Ministry of Justice[9], Ministry of Defence
Prevention programmes	Ministry of Education and Sport; Ministry of Labour, Family and Social Affairs; Ministry of Health
Information Unit	Ministry of Health, Institute of Public Health of the RS
Documentation Centre	Ministry of Health
Association of NGOs in the field of drugs	Ministry of Health
Local Action Groups (LAGs)	Ministry of Health

[5] The resolution on the national programme in the area of drugs 2004 – 2009 is available at http://www.uradzadroge.gov.si/ang/index.php?id=national_programme (15.9.2005)
[6] Currently, two associations of NGOs in the field of drugs have been formally established.
[7] The system for research programmes in Slovenia funded by the RS.
[8] Funding is assured by abovementioned sectors/authorities for the annual budget year in the framework of their financial plans.
[9] Funds of the Prison Administration of the RS related to illicit drugs are also assured for methadone; urine tests, Drug-free units' educational programmes and Hepatitis B vaccination for employees of the PA (see Table 1.3).

Experimental and developing programmes, evaluations	Ministry of Health
Low-threshold programmes	Ministry of Health; Ministry of Labour, Family and Social Affairs

Source: Resolution on the National Programme in the Field of Drugs, 2004

Social and cultural context *prepared by Matej Košir*

A delegation of the EMCDDA (the then director and then president of the management board) visited our country in June 2004. This visit was organised within the framework of EU enlargement. The guests met with the former Minister of Health and also visited the OD within the Ministry of Health and the IUID - NFP.

The OD organised a meeting of the Visegrad group on drugs in October 2004 in Bled. The purpose of this meeting was to prepare joint projects in the field of drug programmes in prisons, projects related to the Schengen information system, harm reduction and synthetic drugs. The Visegrad group member states are Poland, Czech Republic, Slovakia, Hungary and Slovenia.

The OD arranged the 7th National Conference on LAGs in Novo mesto in November 2004. This was organised in cooperation with the LAG of the City of Novo mesto. The main topic was 'Action Plan on LAGs'. The OD published a catalogue of presentations made at the conference and the conclusions in spring 2005. The Minister of Health appointed 10 regional coordinators of LAGs in spring 2005, as already noted. The main task of these coordinators is to strengthen the existing network of 52 LAGs and to promote the establishment of new LAGs in specific regions. The OD organised a conference on reintegration with the cooperation of LAGs in Grosuplje in March 2005. The purpose of this conference was the preparation of a pilot project for the reintegration of drug users at the local level.

The OD organised and coordinated several activities across the country during the prevention month in November and December 2004. The title of this month was 'Aware, not stunned'. The creators of the slogan were members of the Slovenian Association of Medical Students.

The OD organised a conference on prevention in December 2004 in Poljce near Begunje. The conference was prepared in the context of the prevention month in cooperation with NGOs.

The Institute for Criminology at the Faculty of Law organised an international colloquy on the topic 'Women, Drugs and Prisons' in December 2004 in Ljubljana. The results of the research project carried out by the Institute and the Faculty of Law of Rijeka (Croatia) in 2003 and 2004 were presented at this colloquy. In addition, the conclusions from other research projects were presented at the event, especially on drug use, addiction, drugs in prisons etc.

Research into the legislative framework for the introduction of rooms devoted to consumption in Slovenia was also undertaken in cooperation with Faculty of Law.

The OD published its second Internet game 'Fly on Drugs II' in 2004. The first version of the game was also published in Denmark and the Czech Republic (in Danish and Czech languages). It was also translated into English. The main purposes of the game are to promote the website of the OD and provide reliable drug information to youth.

The OD put in particular efforts for the development of a low-threshold programmes network. The OD organised several expert meetings on harm-reduction activities in the field of drugs

in the local community in cooperation with local NGOs and the Faculty of Social Work. A new association of low-threshold NGOs was established in 2004. The OD bought a large quantity of the materials required for needle-exchange programmes in 2004 and 2005 (run mostly by NGOs), e.g. needles, syringes, condoms etc. The OD monitored and evaluated the needle-exchange programme on the basis of regular reports from NGOs.

A new therapeutic community for drug addicts was established in Slovenia in 2004. It was established by the NGO 'Cenacolo' and it is its first community in Slovenia.

The OD also published several publications, leaflets and brochures in the reporting period, e.g. the catalogue of 112 programmes in the field of drugs (June 2004), the brochure 'Marihuana' (June 2005), the leaflet 'Drugs and Children' (Slovenian translation of the United Nations-UN leaflet) (2004) and the pocket brochure 'Overdose' (reprinted in January 2005).

The foundation '*Odsev se slisi*' (NGO) organised a SEEA (South Eastern Adriatic Addiction Network) conference on addiction and the 2nd Adriatic conference on drug addiction in May 2005 at Kranjska gora. SEEA is a network of experts and organisations in the field of addiction treatment in South-east Europe and the Adriatic region. The topics were treatment and harm-reduction in the primary health care system and prisons, rehabilitation and new trends in substitution treatment, regional networking etc.

The OD and NFP finalised the first EDDRA entry in September 2005 (National Network TOM – Children's and Youth telephone helpline run by the Slovenian Association of Friends of Youth).

Public opinion on drug issues

NO NEW INFORMATION AVAILABLE (for more information please see the previous report)

Attitudes to drugs and drug users

NO NEW INFORMATION AVAILABLE (for more information please see the previous report)

Initiatives in parliament and civil society *prepared by Manca Drobne*

In cooperation with the Ministry of Health (OD) and the National Council of the RS, which is pursuant to the Constitution of the RS the representative of social, economic, professional and local interest groups and comprises forty members (representatives of local interests, non-commercial activities, employers and employees, farmers, crafts and trades and independent professionals), a public debate was organised in May and June 2005 on the premises of the National Council. The purpose of the debate was to gather opinions and new suggestions regarding one of the biggest problems in Slovenia i.e. how to link interested parties and concerned actors, institutions etc. together in the drug field. The first part of the debate at the end of May 2005 was organised through public lectures given by experts and others from different fields and points of view (illicit drugs in the contexts of philosophy, anthropology, political science, sociology, the education/school environment, the role of NGOs, social reintegration, corruption and drugs, national and action programmes, high-threshold programmes, therapeutic communities, drug-related treatment programmes, methadone therapy and other medications, low-threshold programmes, the ethnography of heroin use, recreational drugs, the treatment of addiction, the role of the customs service, criminal offences, police and the fight against drugs, the role of public prosecutors fighting trafficking in illicit drugs, criminal policy in the drug field, problematic drug use in prisons, risk

behaviour in prisons), while the roles of the EMCDDA and NFP Slovenia were outlined by the Head of the FP.

Most of the presented lectures attracted many questions, opinions, views, proposals, etc. for different authorities. Accordingly, at the beginning of June 2005 the second part of the debate was organised to respond to these questions and to confront the problems participants in the drug field deal with.

At the beginning of 2005 the new Association of NGOs in the field of harm reduction related to drugs was established, there were approximately five founding members of the association, in the phase of annexation there are also five NGOs which are partly or fully involved in harm-reduction activities.

Media representation *prepared by Andreja Drev, Maja Sever, Tanja Kamin, Vili Prodan*

In 2004 the Slovenian NFP started to gather articles on illicit drugs published by the main Slovenian mass media in order to research the media coverage of illicit drugs in Slovenia. The Slovenian NFP also continued to regularly inform the mass media, individual experts and users, the general public and in-house public about various activities in the field of illicit drugs.

Media relations and other public relations activities

In 2004 the NFP released 7 press releases, organised 3 press conferences, organised a workshop in cooperation with the EMCDDA, contributed at the World Health Day expertise meeting and gave several interviews and statements.

The contents of the press releases were as follows: 2003 data on drug users treated in the CPTDA network including drug poisoning, communicable diseases, criminality and illicit drug-using trends in Slovenia; the NFP also released three press releases within the EWS on new synthetic drugs; one press release concerned the visit of the EMCDDA delegation to the NFP; another one was about the health consequences of cannabis use and data on cannabis users and another was about a workshop on problematic drug-use estimates. On the International Day against Drug Abuse and Illicit Trafficking the press release made was about synthetic drugs, on the same day the NFP also organised an inter-sectoral press conference where other topics like the health consequences of synthetic drug use, urgent medical help and EWS on new synthetic drugs were also covered. There were 14 publications in the media and one special radio transmission dedicated to the press conference. At the second press conference the National Report on the Drug Situation in Slovenia 2004 and the Annual 2004 EMCDDA report were presented. 13 journalists covered the event. At the third press conference, data from the ESPAD (The European School Survey Project on Alcohol and Other Drugs) Research were presented and the event was covered by 17 journalists.

For experts, in cooperation with the EMCDDA the NFP organised a workshop regarding problematic drug-use estimates. 7 journalists covered the event.

The NFP was also present at the press conference organised by the NIPH on Women's Day. The Head of the NFP presented the topic of women and illicit drugs. Twelve media outlets covered this press conference and there were 15 publications, television and radio transmissions on the topic.

As part of the World Health Day expert meeting the Head of the NFP gave a lecture on Driving under the influence of PAS (psychoactive substances). The media showed its interest in the topic while the national radio broadcaster also prepared a transmission in which the Head of the NFP participated.

All these press releases, press materials and photographs were also published on the web site of the NIHP (www.ivz.si) under the heading Drugs. This section of the site has been developed since 2003 by the NFP and was upgraded in 2005.

In 2004 the mass media regularly covered the information released by the NFP and there were no unfavourable articles. The majority of articles about illicit drugs published or broadcast in 2004 covered information on synthetic drugs. The mass media was also interested in the press release published within the EWS for new synthetic drugs and in data on drug users treated in the CPTDA network.

The NFP also published articles in newspapers and professional journals in order to promote EWS, knowledge of the health consequences of synthetic drug use and about the health consequences of cannabis use.

Research on the Mass Media's Coverage of Illicit Drugs

In 2004 the NFP collected and analysed 360 articles on illicit drugs published in 12 Slovenian media sources. The aim of the research was to establish the importance of illicit drugs as a topic in the mass media. We were also interested in the correlation between media coverage of illicit drugs and the number of drug users in a specific area; the correlation between the most frequently used drugs among drug users and the presence of the same drugs in the media.

Illicit drugs in the Slovenian mass media

In order to establish the importance of illicit drugs as a topic in the mass media, we analysed 360 collected articles on illicit drugs by the following variables: initiator of the article, theme of article, author - journalist, heading, source and journalistic genre.

The results show:

- the most important initiator of articles on illicit drugs are NGOs,
- the most frequent theme of articles on illicit drugs is prevention,
- journalists who write articles about illicit drugs are mostly regional correspondents,
- the dominant headings under which articles on illicit drugs are published are intended for regional news and crime news,
- the dominant sources are official sources, journalists rarely seek out other sources, and
- the dominant journalistic genre is a report.

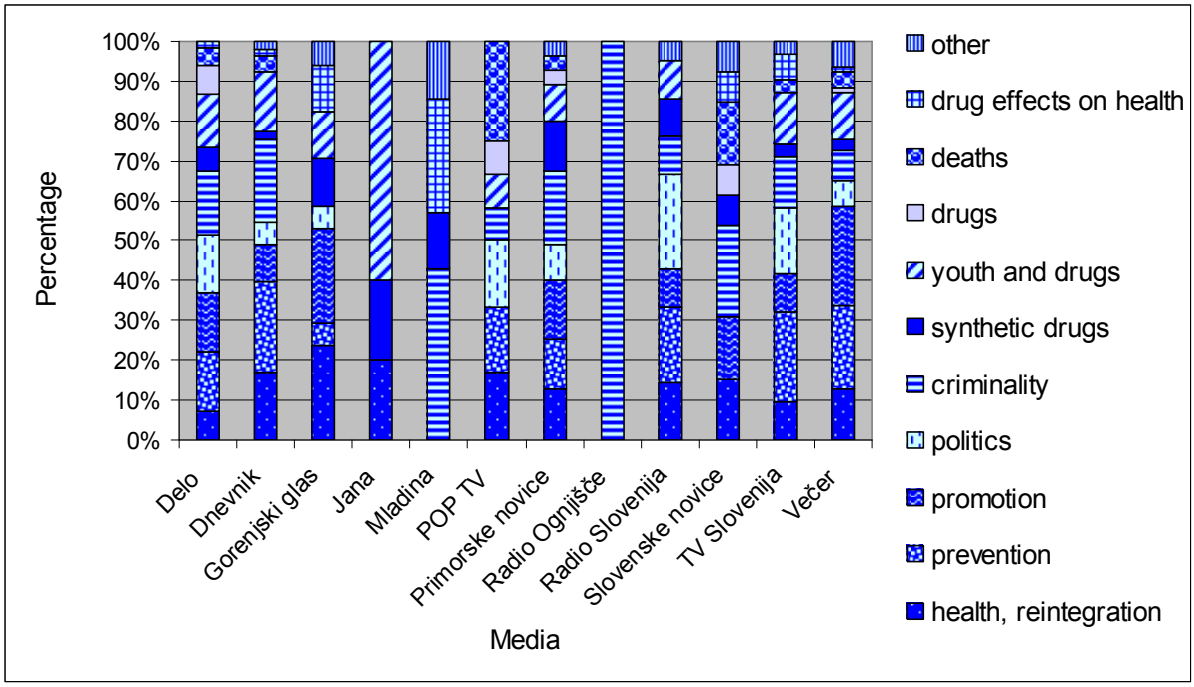
The main conclusion of our research is that illicit drugs as a topic in the mass media do not rank among the most important news or topics. The articles on illicit drugs regarding prevention focus on describing events instead of warnings of the health risks associated with drug use.

Connection between the number of users of illicit drugs, the illicit drug most often used and media briefing

The majority of the collected articles on illicit drugs were published in national newspapers Večer (21.4%), Delo (18.9%) and in the regional newspaper Primorske novice (15.3%). In order to establish if there is a correlation between the media coverage of illicit drugs and the number of drug users in a specific area, we compared the data on the number of drug users treated in the CPTDA network in different areas with the coverage area of the newspapers Večer, Delo and Primorske novice. The results show that in the coverage area of these three papers lives three-quarters of all drug users treated in the CPTDA network (source: DUTE, IUID 2004).

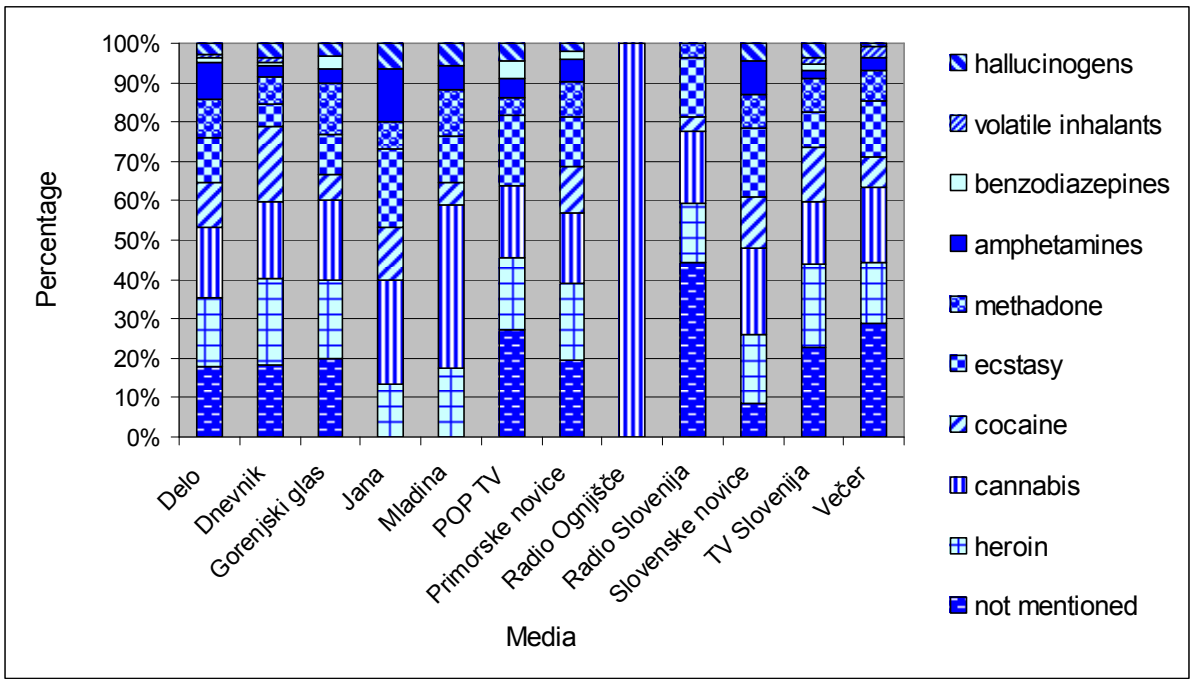
According to data on illicit drug-use trends in Slovenia the most frequently used illicit drug among 15- and 16-year-old secondary school students is marihuana, while the most commonly used illicit drug among drug users treated in the CPTDA network is heroin (ESPAD 2003; DUTE, IUID 2004). We compared this data with the presence of different drugs in 12 researched media sources in order to establish the correlation between the most frequently used illicit drugs among drug users and the presence of the same drugs in the 12 media sources. The data show that marihuana and heroin are the drugs most often present in the 12 researched media sources. Among the 12 researched media sources, three newspapers, namely Večer, Delo and Primorske novice, wrote more frequently about marihuana and heroin than other media forms. One finding of concern is that most articles on illicit drugs published in Delo and Primorske novice concerned criminal acts regarding illicit drugs. Articles about prevention and promotion are in second and third places, and there are almost no articles regarding the health consequences of marihuana or heroin use.

Figure 1.4 Theme of articles on illicit drugs by media sources, Slovenia, 2004



Source: Information Unit for Illicit Drugs, Media and Drugs 2004

Figure 1.5 Illicit drugs present in articles on illicit drugs by media sources, Slovenia, 2004



Source: Information Unit for Illicit Drugs, Media and Drugs 2004

In Večer the majority of articles on illicit drugs are about promotion and prevention, but there are almost no articles regarding the health consequences of marihuana or heroin use.

Regarding the data we can conclude:

- the more users of illicit drugs there are in the certain area of CPTDA network, the more articles on illicit drugs there are in the mass media in connection with that area;
- the most frequently used illicit drugs relate to media briefings about illicit drugs, while the number of illicit drugs users in the CPTDA network is not related to the number of articles regarding the health consequences of illicit drug use.

2. Drug Use in the Population

Overview summary on drug use and attitudes to drugs

No new information or data are available regarding drug use in general population, in the school and youth population and among specific groups (minorities, sex workers). Qualitative data are represented in relation to strategy dealing with drug use in Slovenian army by conscripts.

Drug use in the general population

No new information or data are available regarding the drug use in population aged over 18 years. Research on drug use in the general population was not performed in 2004 due to financial resources remaining undistributed.

Drug use in the school and youth population

The latest data on drug use in the school and youth population are available from the ESPAD research in 2003 and Health Behaviour in School-aged Children (HBSC) – a WHO Cross-national Study, Slovenia 2002 (for more information please see the previous report).

Drug use among specific groups

Data on drug use among specific groups in Slovenia (minorities, immigrants, sex workers) are not regularly gathered.

Conscripts *prepared by Manca Drobne and Vida Tolar Petrovič*

According to the available data, the Ministry of Defence has dealt with drug use mainly within the framework of the Slovenian Army since its establishment (1991). Illicit drug use was more common when serving in the army was obligatory (army or civil service in the army) and, at the time, activities were mainly oriented to preventive educational work with young conscripts. Attention was more often focused on the control and monitoring of the entrance of illicit drugs or substances to the premises of army units, while the prevention of misuse was also an important issue.

Initiated by the OD, the Ministry also cooperated with and was involved in activities during preparation of the Resolution. The strategy for dealing with issues related to drug use in the army has changed since the establishment of a professional Slovenian army, which was finalised in 2004. The target population became professional soldiers employed in the army. One of the important selective criteria for performing work in army (training in and outside Slovenia) is, among others, the absence of illicit drugs. Activities focused on the prevention of drug misuse are examined in a multidisciplinary way. Besides commanders, medical doctors, practitioners of occupational medicine, psychologists, and military police are involved. The army's health unit performs preventive testing for the presence of drugs on occasions such as: before starting the job, regular periodical examinations for military staff and other tailored preventive exams (for a certain activity, before or after missions, training and education or work abroad). Psychologists in the framework of their work in units perform training – workshops on the topic of drug abuse or addiction (alcohol, cigarettes, drug misuse). This also forms part of the psychological preparations for demanding psychophysical duties and psychological work related to re-socialisation or re-adaptation to a new lifestyle after returning from missions. The abovementioned topics are also part of the educational programmes in separate military schools or trainings. The soldier or civil servant suspected of misusing illicit substances then undergoes an examination of their work ability.

In 2004 there were no offences recorded related to illicit drug use in the Slovenian army, nor any incidents. In 2005 there was a seizure of 15 g of cannabis recorded. According to assessments and estimates of the Ministry of Defence, with the professionalisation of the Slovenian army there have been fewer misuses of illicit drugs compared to the previous system (civil or military service of those doing their national service). Nevertheless, responsibility for the issue and attention to the problem has not changed. Recently, the Ministry started lessons related to health promotion and individual responsibility for one's health where the topic 'Abuse/Addiction' is also discussed.

3. Prevention

Overview/summary of framework, strategies and interventions in relation to universal and selective prevention (incl. national definitions)

In Slovenia no systematically collected data on prevention are available[10]. The following part of the section on prevention is mainly quoted from the Resolution in the parts related to different types of prevention.[11] No action plan related to drugs has so far been officially adopted by the Government of the RS.

Universal prevention[12]

According to the Resolution, preventive programmes in Slovenia are very widespread. They take place on local and national levels. The largest share of preventive programmes is devoted to children and young people at the local level, in educational institutions and partially outside of them. In addition to teachers, representatives of NGOs and LAGs play an important role in carrying out preventive activities, the latter of which coordinate these activities within some local communities.

Preventive activities in education/school[13]

Considering the Resolution, preventive activities in education are understood as a wide area for the prevention of drug use, which also includes elements of reducing risks connected with possible drug use. Such an approach embraces preventive activity directed at abstinence and temporally deferring the first contact of children and young people with drugs, as well as young people who are experimenting or occasionally using them. Slovenia decided on this approach on the basis of good practices that have already shown some positive effects in the world (e.g. the Netherlands, Australia). The basic aim of preventive activities is to create social conditions that provide the individual with an opportunity to develop a lifestyle without drug use; it also strives to ensure that an individual who has opted for drug use is familiar with the risks connected with it on both personal and social levels. The first condition for an individual making a responsible decision (not) to use drugs is knowledge of how they work and the personal and social effects of drug use, along with a stressed personal responsibility for one's own health and the health of others. The education field has a very important role in connection with prevention. Preventive activities here must focus on risky behaviour and addiction in general, including the use and abuse of alcohol, medicines, stimulants in sport and tobacco. Educational institutions at all levels must provide children and youth with access to objective information, knowledge of the effects of drugs on the individual and society and, on the basis of their knowledge and own experience, give them the opportunity to study how the problems that can occur due to drug use can be reduced and the opportunity to discuss this with their peers and adults whom they trust. This enables children and young people to develop the capacity to influence the environment in which they live, and allows them to change their environment and to responsibly accept a decision to withdraw from an environment that is unsafe. Such an approach thus enables children and young people to responsibly accept a decision on their own (non) use of drugs and responsibility for their own decision. On one hand, this is thus influencing knowledge and standpoints and, consequently, the behaviour of the target group while, on the other, enabling and ensuring conditions for a healthy life.

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[10] The Ministry of Education and Sport did not provide any information or data related to illicit drugs and prevention in the school environment.

[8, 9, 10, 11, 12, 13, 14, 15] The resolution on the national programme in the area of drugs 2004 – 2009 is available at http://www.uradzadroge.gov.si/ang/index.php?id=national_programme (15.9.2005).

Children and young people must be provided with opportunities for the optimal development of their capacities and participation in life not only in the school environment but also at the local community level. Opportunities and the trust of parents enable young people to effectively confront the challenges of growing up, develop a critical spirit and independent judgement and accept responsible personal decisions. All activities that take place in the area of prevention at all educational levels must include children's and young people's own contributions, and it is particularly necessary to develop programmes of peer group support. Education and various preventive activities can reduce the acceptability of drugs among young people and decrease the risks connected with use of these drugs. The aim of prevention in this area, in addition to achieving abstinence, is to raise the age boundary of the first use of drugs and reduce the risks that can occur with an individual's decision to use drugs. At all education levels it is necessary to develop a strategy of preventive activities corresponding to the development stage of the child or young person, and to devote particular care to providing basic information about drugs and creating a school climate that offers the individual the possibility of healthy living. Particular care here must be devoted to the further training of pedagogical and non-pedagogical workers in education institutions. Together with the development of a strategy of preventive activities, it is necessary to define standards for the providers of preventive activities in education and to develop a system of evaluating programmes. For this purpose, a special body at the national level must be established to create standards of preventive work and focus on care and educational institutions. This body should be created by the Ministry of Education, Science and Sport[14] as an inter-sectoral form of work in which representatives of the professions and NGOs cooperate.

The increased use of synthetic drugs among young people requires the creation of new approaches to preventive work. In the area of the use of illicit synthetic drugs, Slovenia is following the positive experiences of EU member states in providing information, active preventive work among the young and active measures for ensuring safe conditions at dance events. In addition, it is necessary to supplement already adopted measures for ensuring safe entertainment for the young. In order to better inform youth about synthetic drugs, the distribution of preventive materials about synthetic drugs is directly enabled.

Parallel to developing preventive activity in the educational environment, it is important to develop the linkage of preventive programmes at various levels and environments (e.g., youth clubs, various sports and other societies, the local community...) in which the state[15] level in particular plays a strategic role and the local an operative one. Without the enhanced role of various programmes and individuals at the local level, at which problems occur, and at the same time given there is the need for and an opportunity for a solution, we cannot hope for effective results in the sphere of prevention. Local action groups as community forms of work must have a more important role in planning and implementing various programmes in preventing the use of illicit drugs. An extension of a network of quality activities in the area of preventing use of illicit drugs is also provided by the inter-linkage and cooperation among local action groups. On the national level, a body must be created within the ministry responsible for coordination in the area of drugs to coordinate the work of local action groups and create guidelines and standpoints for designing, implementing and evaluating preventive programmes in the local environment. Since preventive work in educational facilities is closely connected to preventive work in the local community, it would be sensible for the two bodies to be linked and cooperate and that they should also include other ministries in their work.

For the quality, integral implementation of preventive activities and inhabitants of different age groups must be included, and the most recent scientific understandings taken into

[14] With elections in 2004 and new Government of the RS the ministries were reorganised, consequently there are two ministries established: Ministry of Education and Sport of the RS and Ministry of Higher Education, Science and Technology of the RS.

account. It is also necessary to use all forms of education and paths of spreading information. New information technologies play a special role here, such as the Internet and other sources of information about drugs (the mass media, special telephone lines etc.), which enable the rapid exchange of standpoints and information.

Environments that will hold priority in implementing preventive activities and framework starting points for preventive work within them include:

The school environment (preventive activities must take place as a totality and be linked to both permitted and illicit drugs; preventive activities must embrace pedagogical and non-pedagogical workers in educational institutions, pupils and students and their parents, as a whole; the prevention of drug use is an integral part of a valid teaching programme).

In accordance with the independence of schools, educational institutions also have the possibility of developing special preventive programmes or projects in which, in addition to teachers, outside associates can also cooperate who must be professionally trained for their work (and must have a certified programme).

Programmes carried out in educational institutions must be evaluated (the teaching programme and preventive programmes or projects must be adapted to the age of the child or young person and in terms of time and content must build on all educational levels, and must be based on up-to-date knowledge and understanding about drugs. Information and knowledge that pupils and students obtain must be high quality and be presented objectively, critically and pluralistically; educational institutions act preventively in such a way as to encourage the inclusion of individuals in the community, developing a critical spirit, independent judgement and adopting responsible personal decisions. Children and young people must therefore be provided with basic knowledge about drugs and their effects on the individual and society from the points of view of various sciences (anthropology, ethnology, psychology, pedagogy, sociology, philosophy, medicine etc.). They must be allowed to develop personal and social capacities and skills that function in such a way that drug-related personal and social damage is reduced to a minimum and so that they analyse public policy on drugs since young citizens must know how to follow the public debate on drugs and take part in it; attention must also be devoted to activities for preventing drug use among the student population and, in this context, strengthening cooperation with the student organisations of the universities.

National strategy in the field of health promotion in school environment prepared by Mojca Bevc Stankovič

Action plan for health contents involved in curriculum for kindergarten, primary and secondary school

The Government of the RS in June 2004[16] adopted decision on establishment and tasks of inter-sectoral working group for implementation of the concept of health in school environment. Contents of the concept are: family life, psychological view of health, personal hygiene, education for healthy sexual life, food and nutrition, physical activity, security, first aid, use and misuse of substances. The tasks of the working group are: preparation of an action plan to implement the health concept in curriculum (holders, and terms); to identify holders of certain activity (institutions for education of teachers and other professionals, to prepare programmes, material for implementers, students/pupils, expert support, counselling, supervision, research and evaluation; to predict necessary sources for implementation and monitoring of implementation of the action plan.

[16] Government of the RS adopted on its 80th session on June 24th 2004, Decision on establishment of the inter-sectoral working group for implementation of the concept of health in school environment.

Preventive work in the workplace[17]

Preventive programmes for preventing the use of legal and illicit drugs in the workplace must be developed. The shared responsibility of employers and trade unions for the development and use of these programmes must be established. If a problem of drug use occurs which affects the functioning of the individual in the workplace, information activities must be created and health examinations, treatment and the social care of these individuals enabled. Legal conditions must be ensured that will not exclude drug users from the work process but encourage their active employment.

Preventive work in the local environment and in civil society[18]

Living conditions must be created in the local community that will guide the inhabitants and enable them to create a lifestyle without drug use or, if they are already using them, that their use will involve the lowest possible risk. Among other things, the opportunity must be provided for children, young people and adults to enjoy free time in varied ways.

Preventive programmes in the local community must be supported by local politicians, educational institutions (from kindergartens to open universities) and other institutions and NGOs. The national and local community must support the development of peer education in the area of drugs and various preventive activities of youth centres, sports societies, religious and other organisations of civil society, PUM (project learning for young adults) etc. at the local level. Preventive activities in the local community are coordinated by LAGs, and the functioning of these at the national level is coordinated by the competent ministry. Together these, in cooperation with LAGs and various professions, lead to a uniform starting point for creating and evaluating preventive programmes in the local community. Voluntary work in the preventive programmes of NGOs, societies and associations is one of the bases for implementing these programmes so the local community and the state must both support this form of activity by individuals. Training of general experts who are in constant contact with drug users about the principles of harm reduction (counselling services, social workers in social work centres (hereinafter the CSD) and health workers in Health Centres (HC) and the uniformed police). In order to further the preparation and evaluation of various systemic preventive measures, it is necessary to continue to encourage cooperation among various actors, including both representative associations of municipalities.

Universal prevention in local communities - the network of LAGs *prepared by Matej Košir*

The development of the LAG model is one of the prior projects in Slovenia implemented by the OD within the Ministry of Health and LAGs. The project also has a very important role in the resolution. In the first phase (1990-2005) approximately 52 LAGs were established. The first LAGs in Slovenia were established at the beginning of the 1990s in the cities of Piran, Nova Gorica and Radovljica. These LAGs were mostly established as professional consultative bodies of local mayors and/or local parliaments. Members of LAGs are mostly health and social workers, teachers/educators, school counsellors, police officers, judges, parents, youth, experts, representatives of NGOs, cultural and sport organisations, youth centres, political parties, the media etc. There are currently many activities in that field which will become very important for the future of the network (e.g. establishing a formal national association of LAGs, extension of the regional approach and establishing regional LAGs, professionalism at the regional level, adoption of the national action plan on LAGs etc.).

There are also many important tasks related to LAGs that derive from the resolution. The main approach to developing our model of LAGs is a community-based approach, which represents a very prospective approach to developing quality preventive programmes at the regional and local levels in Slovenia and beyond.

Common problems of all LAGs are alcohol, tobacco and illicit drugs but also eating disorders, suicides etc. The fact is that LAGs are mainly oriented to prevention activities.

Selective/indicated prevention

Recreational settings

For more information here, please see Selected Issue, page 92, No. 13. Developments in drug use within recreational settings

At-risk groups

Programmes for reducing risks and harm from drug use[19]

Harm-reduction programmes are intended to prevent the creation of social harm from drug use, or to reduce it, and prevent the transmission of infectious diseases and thus also any further worsening of the health and social state of people using drugs.

The fact is that people who use drugs only appear in various more demanding programmes of help later, when they also need concrete help (medical, social, difficulties with relations etc.). Harm-reduction programmes do not have the basic aim of achieving abstinence but of ensuring the less risky use of drugs, reducing the possibility of infection with various viruses (AIDS, hepatitis) and thus ensuring the social inclusion of drug users and their cooperation. We have more than ten years of experience in this area in Slovenia. Non-professionals, former drug users and those still using them can also work in harm-reduction programmes. With the aid of harm-reduction programmes, also called low-threshold programmes, various activities are carried out ranging from providing information and education to drug users on the dangers of drug use, safer ways of using drugs, counselling, and peer help, to programmes of exchanging needles, fieldwork, safe rooms, methadone maintenance programmes and day centres. Several harm-reduction programmes already take place in Slovenia but in the opinion of experts there are still too few. This is especially the case in medium and smaller Slovenian towns where forms of help are very limited and many drug users from these environments generally come to places where harm-reduction programmes (exchange of needles, day centres – drop-ins) exist. A network of low-threshold programmes covering the whole of Slovenia must be developed[20]. In larger towns, there is a need for programmes for homeless drug users, especially night shelters. The possibility of developing new approaches and programmes and coordinating their creation and development with legislation must be checked. This area has also been scientifically researched in more detail and the data so obtained are an important source for supporting such programmes in Slovenia.

The following measures in particular must be taken: setting up a network of harm-reduction programmes in Slovenia; easier access to harm-reduction programmes and to various informative materials; more programmes and higher quality fieldwork with drug addicts; programmes of exchanging needles at chemists in environments where there are no such

[20]The network was developed, low-threshold programmes are organised within the Association of NGOs in the field of harm reduction. The Faculty for Social Work played an important role in training local experts on the issues of harm reduction (for more information here, please see the previous report, Social Network: the main results of new research projects and studies).

programmes, and automatic needle dispensers; encouraging the development of safe rooms, night and day shelters for drug users living on the street; inoculations for drug addicts; introduction of public works programmes to employ drug users; educating people addicted to drugs of the dangers of drug use and safer ways of drug use; the stress will be on the prevention of overdoses of PAS and first aid.

Drug users as co-creators of programmes and simultaneously sharing responsibility for their own problems[21]

Drug users must be mentioned here in particular as co-creators and also for being responsible for individual activities. Empowering drug users means their recognition as subjects in various systemic frameworks. A democratic approach means replacing the forced role of criminalised and medicalised subjects, i.e., drug users, with a sharing of the power of decision-making and responsibility among all actors. For this purpose, the creation of self-help groups of drug users must be accelerated, including programmes for anonymous drug addicts.

Organisations of drug users must be supported. Greater attention must be paid to programmes intended for female drug addicts. Specially adapted programmes of fieldwork and programmes of informing about various risks, including prostitution and the risks to children during the pregnancy of an addicted mother, will be provided for that purpose in treatment programmes and social care programmes.

At-risk families

Prevention in the family environment/Family[22]

In the development of preventive programmes of early intervention (for children and parents and the families in which problem drug use has been ascertained), it is above all necessary to respect the rights of the child to a healthy upbringing, as well as the right of the individual to privacy and the danger of stigmatising the child and their family.

Parents must be acquainted with up-to-date knowledge of various sciences (psychology, pedagogy, sociology, anthropology etc.), which find that the weak socialisation practice of not setting boundaries between permitted and not permitted behaviour, in accordance with the age of the child, including a lack of the promotion of positive moral development, is one of the key factors of their children's possible later use of drugs. Neglecting the teaching of social and academic skills, or opportunities not being provided for the child to develop all of these, and a delay in communicating pro-social values, and the transmission of the unapproved use of alcohol or other drugs to a child are factors that encourage the use of drugs among young people, according to the findings of various professions.

Programmes of preventive work for the parents of pupils and students must be developed by means of which parents will be acquainted with the problems of drug use among young people, up-to-date knowledge of these questions, and above all be informed of protective factors.

An information-advisory network for parents confronted with the problem of drug use with their children and need help must be developed.

New developments in prevention

According to the Resolution, in Slovenia preventive programmes are not suitably evaluated[23] so their real effects are unknown. Therefore, in the future a great deal of knowledge and resources must be oriented, in addition to investment in developing programmes, to evaluating them, i.e., their effectiveness and success.

According to the available data, the Slovenian Institute for the Development of Personal Quality (*Inštitut za razvijanje osebne kakovosti*)[24] has in the past two years carried out the programme for positive self-assessment in the school environment which involves the whole school staff (teachers, pupils), as well parents are (20 Slovenian schools are involved in the programme). The programme is preventive and its goal is to reduce violence, drug abuse and other deviant behaviour.

The team of experts working in the framework of the Project Health Promoting Schools[25] has for the last two years been developing the programme "Peers and Myself" which is based on the method of peer education/peer mediation. The aim of the programme is to teach juveniles good communication skills, to strengthen their positive self-image, to teach them to express their standpoints and feelings and to be able to say no. For the time being, there are 14 primary schools and one secondary school engaged in the programme. If there is financial support then the programme will be expanded to include other interested schools.

For more information please also see previous report.

[23] The resolution on the national programme in the area of drugs 2004 - 2009 http://www.uradzadroge.gov.si/ang/index.php?id=national_programme (14.10.2005)
[24] *Inštitut za razvijanje osebne kakovosti* http://www.insti-rok.si/ (10.9.2005)
[25] Inštitut za varovanje Zdravja RS http://www.ivz.si/ivz/droge/ul/datoteke/37-Zdravecsole.DOC (26.10.2005).

4. Problem drug use

Overview summary on prevalence and characteristics of problem drug use

In Slovenia the prevalence of problem drug use is available for frequent use of opiates (poly drug use including opiates) and is based on data on drug related treatment (substitution) and police reports (police data). On the basis of the data collected through the CPTDA network in 2004, 2,902 clients were reported in outpatient treatment centres. In 2004, 90.5% of all clients demanding treatment sought help due to heroin being the main drug problem.

For the first time, data in the pilot project were systematically collected by twelve different (low- and high-threshold) NGOs related to treatment demand and drug use. 256 users of illicit drugs were identified.

Prevalence and incidence estimates *prepared by Marta Grgič Vitek*

Over the next few months the group of experts for prevalence estimates plans to use routine treatment and police data to conduct prevalence estimates for 2002 and 2003 using the same methodology, namely the Capture-Recapture method (CRC). Before that, we have to explore whether under the new Personal Data Protection Act it is still possible to carry out prevalence estimates using CRC methodology.

In March 2005 some members of the working group for prevalence estimates in Slovenia were invited to Montenegro. Serbia and Montenegro plan to implement the same Key Epidemiological Indicator in collaboration with experts from London. Two members of our group participated in a meeting at Podgorica where they presented our experiences in prevalence estimations using the CRC method and our first results.

For more information here, please see the previous report.

Profile of clients in treatment (characteristics, patterns of use) *prepared by Maja Sever and Mercedes Lovrečič*

The reporting system on the drug treatment demand indicator (DTDI) in Slovenia started in 1991 at the NIPH. The DTDI actually routinely covers the national CPTDA network. The questionnaire DUTE (*Evidenca obravnave uživalcev drog*) is harmonised with the PG (Pompidou Group)/EMCDDA TDI standard protocol yet it also includes additional items on risk behaviour, infectious diseases, sexual behaviour and legal experiences. The DUTE questionnaire is an important source for revealing the epidemiological situation and characteristics of problematic drug use in Slovenia. All data include personal identifiers based on SOUNDEX (double-counting controlled).

On the basis of the data collected through the DUTE questionnaire provided by the CPTDA network the following main characteristics of drug users demanding treatment in Slovenia can be outlined. In 2004, 2,902 clients were reported in outpatient treatment centres. Among all recorded drug users demanding treatment there were 78% of males and 22% of females. According to 2004 data, the treated drug user was on average 27.14-years old: the youngest person demanding treatment was 13-years old (female) while the oldest was 61 years (male). Three-quarters (75.8%) of all reported drug users were 30-years old or younger and 8.5% of all recorded drug users were teenagers[26]. In 2004 a treated drug user was on average 15.59-years old upon their first use of any illicit drug. The most frequently reported (87.7%) first used illicit drug was cannabis.

[26] Teenager here means a 19-year old or younger person.

In 2004, 90.5% of all clients demanding treatment sought help due to heroin being the main drug problem. 67.5% of reported drug users also mentioned the use of a secondary drug and 25.8% also pointed out the use of a tertiary drug. In 2004, the most frequent combination of primary and secondary drug use reported was heroin and cannabis[27].
Concentrating on the type of a client's contact, the highest proportions of clients demanding treatment due to heroin for repeatedly treated clients (90.5%) are evidenced. Among first-treated clients, 77.5% of them searched for help due to heroin.

Table 4.1 Selected characteristics of clients by type of contact, Slovenia, 2004

	first treated	**repeatedly treated**	**all treated**
average age upon entering treatment (in years)	23.12	26.84	27.14
admission due to heroin	77.5%	90.5%	90.5%
average age upon first use of main drug (in years)	18.85	18.64	19.05
everyday use of main drug	55.7%	43.9%	24.8%
not used main drug in last month	9.4%	32.6%	48.2%
average length of main drug career (in months)	31.29	63.32	57.28

Source: Institute of Public Health of the RS, 2005

On average, a treated client was 19.05-years old upon the first use of their main drug. Focusing on the frequency of use of the main drug by type of client contact, we may deduce that everyday use prevails among first and repeatedly treated clients, on the other hand only 9.4% of first-time clients did not use their main drug in the last 30 days. The average length of a drug career was, according to 2004 data, around 57 months or almost 5 years. The longest main drug career is reported among repeatedly (63.32 months) treated clients.

Taking into consideration the education and employment status of treated drug users, 44.4% of them only had a basic or lower education level, 55.7% of them were unemployed and one-quarter (25.9%) were still involved in an education programme. 1.2% of drug users seeking treatment were homeless.

The most commonly stated route of administration of the main drug was injecting or smoking/inhaling. A closer look at the risk behaviour of clients (Table 4.2) who had ever injected any drug reveals the following:

- most of repeatedly treated clients had at least once injected a drug, further 57.8% of clients demanding treatment for the first time in their life reported injecting a drug;
- on the other hand, a high percentage of currently injecting any drug (in the last month) is evidenced for the first and repeatedly treated;
- the joint use of needle or other equipment when injecting is reported by the majority of repeatedly treated clients; and
- around one-third of clients demanding treatment (irrespective of the type of contact) pointed out they had practiced safe sex during their last sexual intercourse.

Table 4.2 Selected risk-behaviour characteristics of clients by type of contact, Slovenia, 2004

	first-time treated	**repeatedly treated**	**all treated**
ever injected any drug (number/percent)	301/57.8%	488/82.4%	2332/80.4%
currently injecting any drug (in the last month)	45.1%	49.0%	34.2%
ever jointly used needle when injecting	27.4%	48.7%	48.2%
ever jointly used other equipment when injecting	34.7%	60.2%	56.4%
safe sex in last sexual intercourse (use of a condom)	31.9%	31.8%	30.5%

Source: Institute of Public Health of the RS, 2005

[27] Irrespective of the type of tertiary drug.

For more information here, please see the following parts related to health-treatment data.

Profile of clients in treatment by substance used, by centre types and by gender
prepared by Maja Sever and Mercedes Lovrečič

Focusing on the main characteristics of drug users can sharpen the profile of the usual drug user demanding health treatment. In order to display a clear profile of drug users in treatment we concentrated only on clients demanding their first treatment in Slovenian outpatient treatment centres provided by 18 CPTDAs in 2004.

In 2004 there were 521 first-time treated clients, which present a 3.4% increase over the previous year. Among them, there were 76% male and 24% female drug users. The youngest person demanding treatment was female and was just 13 years old. The average drug user seeking first-treatment demand was, according to the data, 23.1 years. Among female drug users there were 35.4% and among male drug users 26.4% of teenagers[28], therefore females (22.0 years) were slightly younger than male (23.5 years) drug users.

As in previous years, the majority of first-time clients (irrespective of gender type) demanded treatment due to heroin (77.5%) and cannabis (19.4%) as a primary drug problem, followed by clients demanding treatment due to cocaine (1.0%) and MDMA (3,4-methylenedioxymethamphetamine) (1.0%) as a primary drug problem.

The classification of reported drug users according to different types of drug use reveals that there were 42.2% mono, 35.3% bi and 22.3% of poly drug users. Table 4.3 indicates the prevailing mono type; nonetheless there are a few more percent of female mono and poly drug users than male ones. In comparison to 2003, new trends regarding the type of drug users can be noticed, namely an increase in the mono and poly types and a decrease of the bi-type drug users. Bigger changes are shown for females.

Table 4.3 Type of drug user by gender, Slovenia, 2003-2004

Year	**2003**		**2004**	
Types of drug use/Gender	**Male**	**Female**	**Male**	**Female**
Mono	40.6%	35.2%	41.6% ↑	44.9% ↑↑
Bi	39.3%	48.4%	36.5% ↓	31.5% ↓
Poly	20.2%	16.4%	21.8% ↑	23.6% ↑↑

Source: Institute of Public Health of the RS, 2005

Focusing on the type of drug, we can highlight the following:

- almost three-quarters (74.2%) of mono drug users reported heroin use, 23.1% of them reported cannabis and 1.8% the use of cocaine;
- the majority of bi drug users also used heroin and cannabis (51.6%), heroin and cocaine (16.3%) and cocaine and alcohol (16.3%); and
- the majority (29.3%) of poly drug users reported the poly use of heroin, cocaine (as the first additional drug) and cannabis (as the second additional drug).

In Slovenia heroin and cannabis remain the prevailing drugs reported by clients in health drug treatment. Therefore, we took a closer look at heroin and cannabis users among first admissions in 2004.

Focusing on first-time admissions due to **heroin problems** (77.5%) the following findings emerge. There were 75.2% of males and 24.8% of females. The average age of a heroin

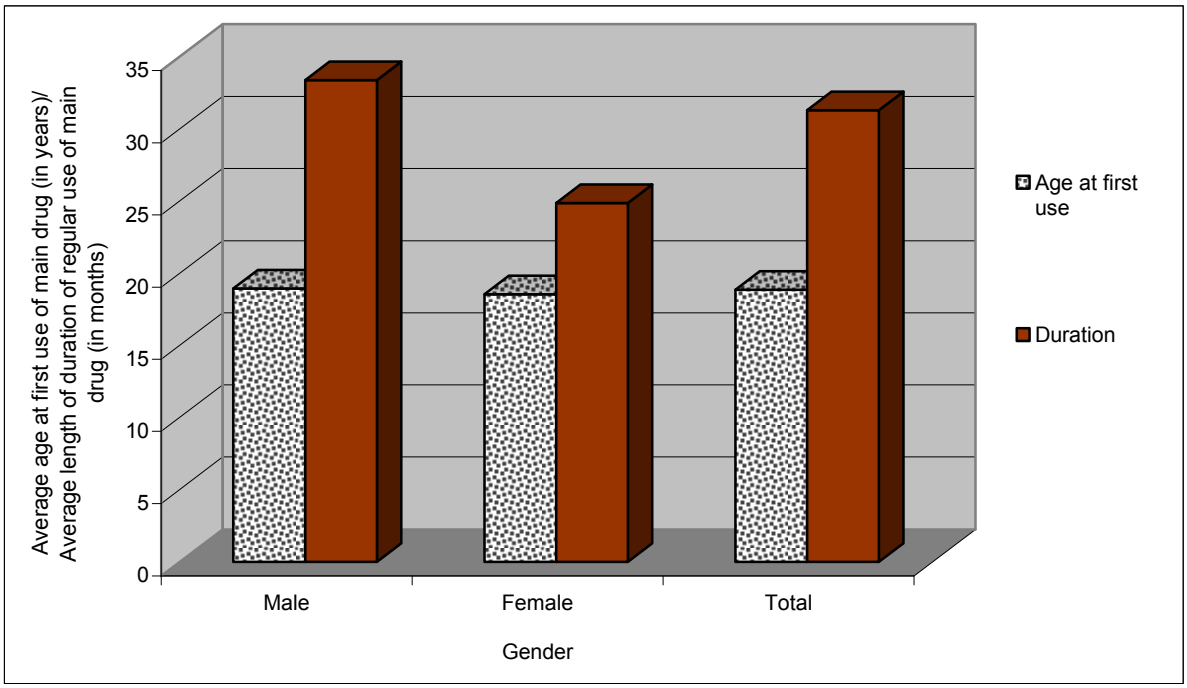
[28] Teenager here means a 19-year old or younger person.

client was 24.1 years: the youngest was 15 and the oldest was 49-years old. Most of them were unemployed (48.8%), followed by students or pupils (25.7%) and clients with regular employment (20.8%). Almost half of heroin users (46.7%) had finished a basic education level or less. According to the 2004 data, the age upon their first heroin use ranged from 13 to 46 years with an average of 19.7 years. Drug career lengths involve a great variation ranging from 1 month to 15 years. The average length of drug use was 32.5 months prior to treatment. The most common route of administration was injecting (64.4%) and the majority of heroin clients (67.8%) were everyday users, followed by clients using heroin 2- to 6-times a week. Two-thirds of clients used heroin in addition to a secondary drug: 54.6% also used cannabis and 29.2% cocaine. Those clients who also used cannabis have an evidently shorter drug career duration prior to their treatment (27.8 months) than mono heroin users.

In 2004, 19.4% clients demanding treatment for the very first time in their life reported **cannabis** as their main drug problem. Among these 77.1% were males and 22.8% females. 71.3% of them were still teenagers and 82.2% of admitted cannabis users were still involved in an education programme. In comparison to heroin clients, cannabis clients were on average evidently younger (18.9 years), the youngest was 13 and the oldest was 42. Similarly, the average age upon first cannabis use of 15.2 years can be identified. The average duration of cannabis use was 26.4 months prior to treatment. One-half of first cannabis clients also reported the use of a secondary drug; the majority (72.0%) of them declared the use of alcohol. According to the 2004 data, the frequency of consumption indicated that one-half of cannabis clients were 2- to 6-times a week users.

Concentrating on gender, on average female drug users in comparison to males reported a marginally lower age upon their first use of the main drug and an essentially shorter duration of regular use of their main drug prior to treatment. First treated female clients were on average 18.6-years old and males 18.9 years when they used their main drug for the first time; however the average length of duration of the main drug career was around 33 months for male and 25 months for female drug users.

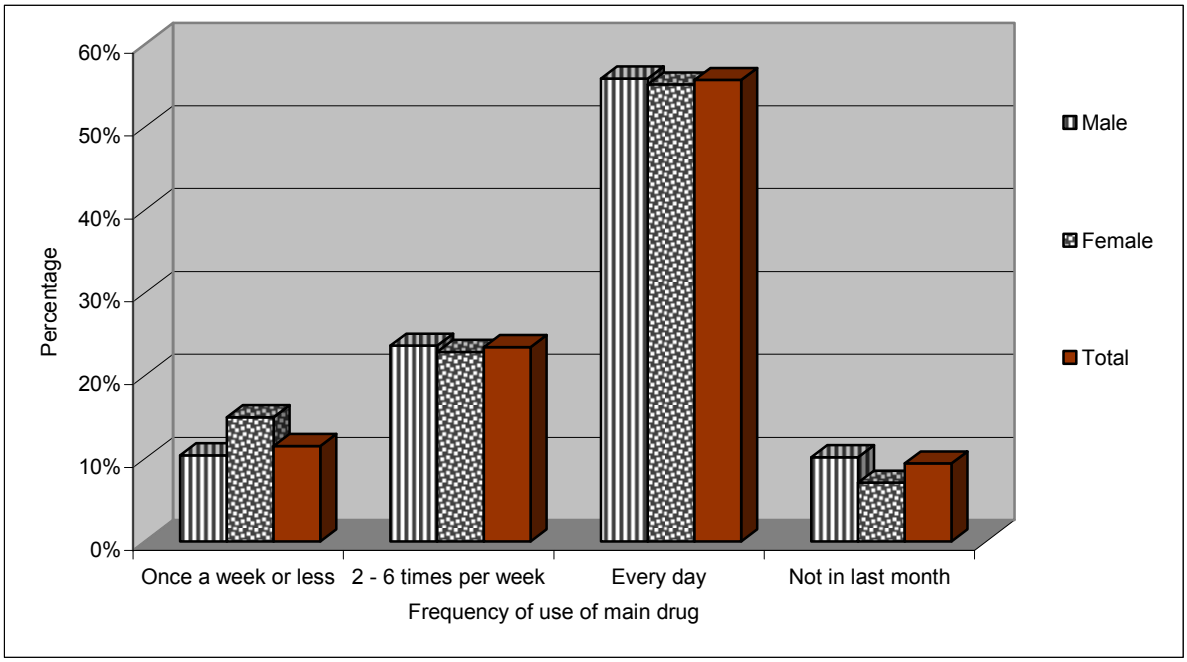
Figure 4.1 Average age at first use of main drug and average length of duration (in months) of regular use of main drug by gender, Slovenia, 2004



Source: Institute of Public Health of the RS, 2005

Figure 4.2, where the frequency of main drug use is depicted by gender, shows there are some distinctions regarding gender. In general, the everyday application of the main drug prevails. However, female drug users have, in comparison to male drug users, a higher share of once a week or less use (15.0% vs. 10.4%) and a lower share of non-use in the last month (7.1% vs. 10.2%).

Figure 4.2 Frequency of use of main drug by gender, Slovenia, 2004



Source: Institute of Public Health of the RS, 2005

At the time of entering treatment for the first time 43.1% of male and 51.2% of female clients reported currently injecting any drug: 6.3% of males and 9.4% of females reported sharing a needle in the last month and 49.0% of males and 58.3% of females had unsafe sex in their last sexual intercourse. From this point of view, we may conclude that female drug users had a higher level of risk behaviour compared to male drug users (Table 4.4).

Table 4.4 Risk behaviour by gender, Slovenia, 2004

Risk behaviour (in %)	**Male**	**Female**
Currently injecting	43.1	51.2
Sharing a needle in the last month	6.3	9.4
Sharing other equipment in the last month	10.9	21.3
Unsafe sex in last sexual intercourse	49.0	58.3

Source: Institute of Public Health of the RS, 2005

Further, we may conclude that male drug users are likely to be more socially threatened than females (Table 4.5) in view of the fact that among first treated male clients there is a higher share of those who are unemployed, have a low education level[29], are homeless or live in institutions. In addition, homelessness did not prove to be one of their social problems since the data indicate a small share of homeless clients among drug users demanding treatment for the first time.

[29] Low educational level here means an incomplete or completed primary education.

Table 4.5 Social problems by gender, Slovenia, 2004

Social problem (in %)	Male	Female
Unemployed	46.1	35.2
Low education	36.1	19.7
Homeless	1.3	0.8
In an institution	2.6	1.6

Source: Institute of Public Health of the RS, 2005

Main characteristics and patterns of use from non-treatment sources *prepared by Ines Kvaternik Jenko and Maja Sever*

At the beginning of 2005 the IUID and NGOs in the field of drugs started a pilot project called DUTE. In this pilot project twelve different (low- and high-threshold) NGOs participated, ultimately 11 of them provided data to the IUID.[30] On the basis of data collected through the abovementioned questionnaire[31] and provided by the network of NGOs, the following main characteristics of drug users can be identified. In the first six months of 2005, 132 clients were reported in the low-threshold programmes.[32] Among all recorded drug users seeking help in non-treatment sources, there were 84.1% male and 15.9% female clients. Alcohol appears to be the most frequently (69.2%) reported first drug used by a client in the low-threshold programmes, followed by cannabis (17,7%). The average age at a client's first use of any drug was 13.47 years; the youngest started to use it at 5 years, the oldest at 20 years. The data shown that bi drug users are the prevailing (50.0%) type of drug user in non-treatment sources, followed by the poly-type (32,6%) and by mono-type users (23.5%), mainly heroin.

By substance used

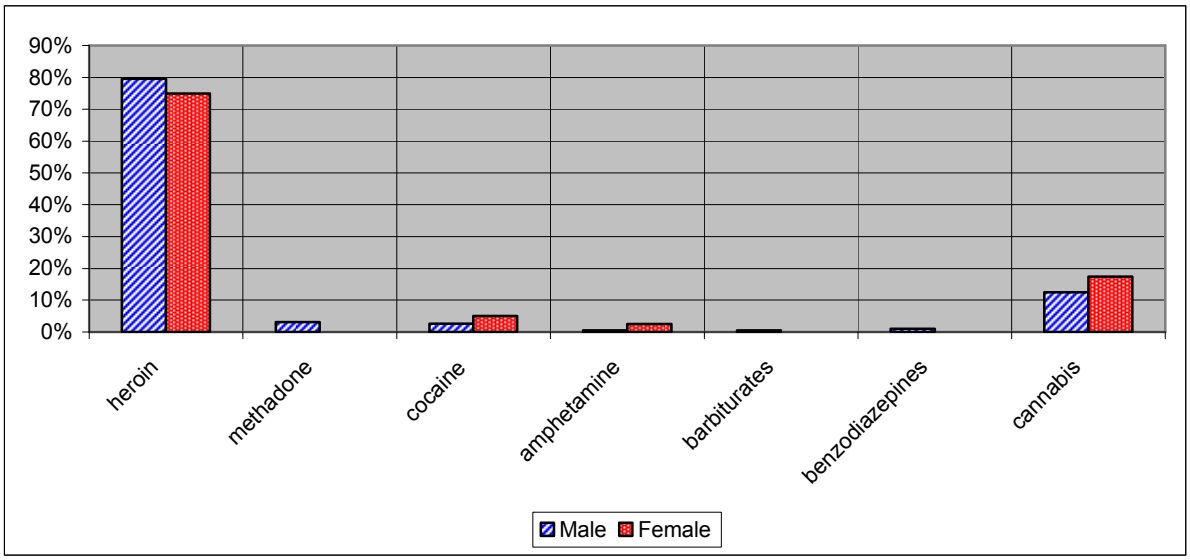
Data reported by the low-threshold programmes indicate that the prevailing type of drug user is one who consumes **heroin** (more than 81%), is often a poly-drug user and uses cannabis as a second drug. 108 clients (91 males and 17 females) reported heroin as their main drug, followed by cannabis (11 clients) and cocaine (Figure 4.3).

[30] Between 1 March 2005 and 30 June 2005, 256 users of illicit drugs were identified. The data mentioned represent all the filled in questionnaires, including only one double questionnaire which was eliminated in accordance with the methodological instructions. There were actually 255 illicit drug users reported through the data collection network of NGOs.

[31] A modified 'Drug Users' Treatment evidence' questionnaire adapted to the drug treatment demand indicator (TDI) in line with the EMCDDA standard protocol was used to register clients in NGO agencies.

[32] According to this year's guidelines for the national report only data from non-treatment sources five low-threshold NGOs) have been analysed.

Figure 4.3 Main drug and gender (in %), Slovenia, 2004



Source: Institute of Public Health of the RS, 2005

Further, the data show that heroin (88.9%) and cocaine (83.3%) were mostly injected by drug users. Current injecting was reported by 76.5% of clients, 8.4% of them also shared needles. Lifetime injecting was evidenced by 76.5% of reporting clients. On the basis of all clients seeking help in low-threshold programmes in the first six months of 2005, the following conclusions can be drawn: more than 17% of heroin users reported risk behaviour, mainly risky application (2.8% of them reported an overdose in the last month). The average age at the first use of their main drug was 18.20 years; the youngest was just 10 years and the oldest 33 years. The average duration of the main drug career is 7.8 years.

By injecting drug users

According to data collected in the first half of 2005, 101 clients (81.2% males and 18.2% females) from non-treatment sources were injecting drugs[33] (IDUs). Most reported heroin as their primary drug problem (95%). The majority of them were everyday users (42.6%).

The average age at the first use of their primary drug was almost 19 years (18.55): the youngest IDU was 10-years old, while the oldest was 33-years old. The average length of drug use was 7.7 years.

Among all IDUs (101) current injecting was reported by 84.2%. According to the reported data of IDUs involved in low-threshold programmes, 28.7% of them had also currently (in the last 30 days) shared other equipment for intravenous drug use. Focusing on risk behaviour in the last month, we may conclude that almost 21.0% of IDUs reported a risky application; 4.0% of them reported an overdose; 54.5% drug use in combination while 36.6% of them had unsafe sexual intercourse.

Other specific sub-populations

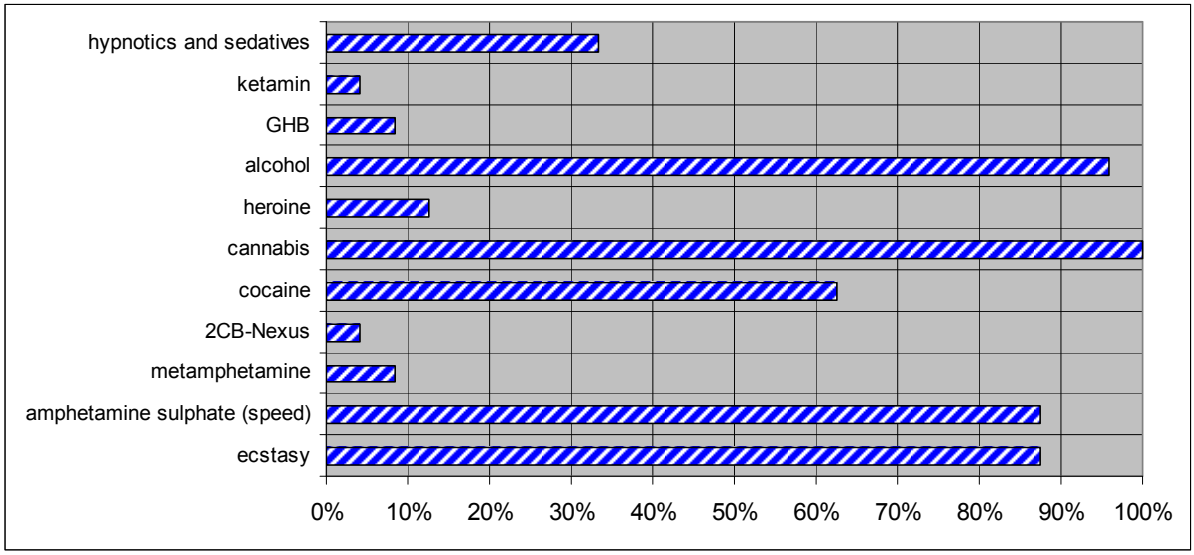
On the basis of the data collected in the DUTE questionnaire among the sub-population of synthetic drug users[34] there were 62.5% of male and 37.5% of female clients. All of them were Slovenian citizens, 79.2% of them were currently still involved in an education programme, 12.5% of them were unemployed and 8.3% were regular workers. The average

[33] IDUs refer to clients who reported injecting as the main route of their main drug administration.
[34] 24 clients were reported on the basis of a modified questionnaire DUTE.

age was 15 years (15.3); the youngest person seeking help was 9-years old and the oldest was 16 years.

The sub-population of synthetic drug users is very specific; users of synthetic drugs are mostly experimental drug users. Data collected according to the TDI in line with the EMCDDA standard shows that alcohol (87.5%) was mostly reported as the first drug used. The second-most reported drug first used was cannabis (12.5%). It is necessary to emphasise that these are not the most problematic drugs – they are merely the most commonly used drugs.[35] The average age at the first use of a drug was 13 (13.4) years.

Figure 4.4 Use of the drugs in the sub-population of synthetic drug users in the last thirty days, Slovenia, 2004



Source: Institute of Public Health of the RS, 2005

Note: GHB-Gama Hydroxybutyric Acid
2CB-Nexus 2,5-dimetoksi-4-bromofenetilamin

According to the data, the first drugs used by the sub-population of synthetic drug users are only cannabis and alcohol. Among reported users of synthetic drugs, the use of cannabis (100%) and the use of alcohol (95.8%) prevail, followed by the use of ecstasy (87.5%), amphetamine sulphate (87.5%) and cocaine (62.5%) (see Figure 4.4). The predominant route of administration of synthetic drugs is eating or drinking (45.5%), followed by those who inhaled drugs (28.1%) and smoked them (22.3%).

Drug use in combination is an increasing trend among synthetic drug users (Table 4.6). The data show that 45.8% of synthetic drug users were currently combining two or three different drugs. The most reported drug use combination is ecstasy, alcohol and cannabis. The second-most reported risk behaviour is unsafe sexual intercourse (29.2%), followed by sharing other equipment for injecting (25.0%).

[35] One of the conclusions of the pilot project was that in Slovenia it was not a problem for low-threshold programmes to collect the data according to the modified TDI protocol regarding the number of items, but there were many problems regarding the interpretation of the data collected in low-threshold programmes according to the abovementioned definitions.

Table 4.6 Ranking of risky behaviour (in %), Slovenia, 2004

	IN THE PAST	IN THE LAST 30 DAYS	NEVER
Injecting	8.3%	4.2%	87.5%
Sharing needles	4.2%		95.8%
Sharing other equipment	37.5%	25.0%	37.5%
Drug use in combination	33.3%	45.8%	20.8%
Unsafe sexual intercourse	29.2%	29.2%	41.7%
Health complications	8.3%	4.2%	87.5%
Psychological problems (panic attacks)	20.8%	12.5%	66.7%

Source: Institute of Public Health of the RS, 2005

As the information bank covering non-treatment sources was only established at the beginning of 2005 it is not yet possible to perceive trends in the wider context.

5. Drug- Related Treatment

Overview summary of framework strategies and interventions in relation to drug related treatment

Buprenorphine was registered as the substitution medicine Subutex in May 2004 and the launch of slow-release morphine came in March 2005. Until date, substitution therapy with long acting morphine and with buprenorphine is available in more than half of the CPTDAs.

For more information please see previous reports.

Treatment systems prepared by Mercedes Lovrečič

In Resolution, drug related treatment is specified in the framework of national strategy as a chapter and linked to the content of separate parts of the strategy congruent to the official public health treatment routine. This document does not yet specifically define the clear objectives related to drug treatment, there are some general objectives linked to health care treatment (mostly relating substitution treatments), social rehabilitation programmes and harm reduction routine. There is no yet official information regarding action plan for drug related treatment and its adoption.

In Slovenia, on the other side on national level, drug-related treatment is regularly provided through different systems health, social and civil society organizations (NGOs). The implementation is possible on the formal legal basis (Health Care and Health Insurance Act (Official Gazette 9/92); Prevention of the Use of Illicit Drugs and Dealing with Consumers of Illicit Drugs Act (ZPUPD) (Official Gazette 98/99).

The main financial actor in funding drug related treatment in health sphere is Health insurance Institute of Slovenia and implementation of drug related treatment for problem drug users is predominantly an issue which is the responsibility at state-national level. The public sector is mainly involved in the delivery of drug related treatment, especially medicaly assisted treatment (Ministry of Health of the Republic of Slovenia, Coordination of CPTDA, CPTDA), but also drug related treatment delivered by some NGOs is mostly provided through public financial sources (public competitions by Ministry of Labour, Family and Social Affairs of the RS, Ministry of Health of the RS).

For more information please see also sections: National Policies and context, Budget and Public expenditure, Social Correlates and Consequences, Main characteristics and patterns of use from non-treatment sources and previous report.

Drug free treatment

No relevant changes have taken place at impatient treatment on national level. For more information please see previous reports.

Medically assisted treatment *prepared by Mojca Zvezdana Dernovsek, Mercedes Lovrecic*

In Slovenia, in the last five years, there is a diversification of treatment possibilities. There were two new drugs for the treatment of heroin dependence launched in the marked in the year 2005 in Slovenia (Table 5.1). The possibilities to find proper pharmacological treatment for individual patients improved significantly. It is well known that all those drugs are effective but the tolerability is not the same. In Slovenia we do not have national guidelines approved by Board of psychiatry on the use of different substitution or pharmacological treatment in patients with heroin addiction. Instead of national clinical guidelines in general recommendations are used for choosing the drug.

The national co-ordinating professional body for drug related treatment (Article 2 of the Regulation on the Structure of the Coordination of CPTDA (Official Gazette RS 43/00)), the Coordination of CPTDA proposes to the Health Council of the RS within Ministry of Health the doctrine and examines the implementation of doctrine of the illicit drug addiction treatment and coordinates the expertise cooperation of the CPTDA.

National monitoring system for problem drug users in medically assisted and drug free treatment, according to the Article 2 of the Regulation on Performing Supervision in the CPTDA (Official Gazette RS 43/00), is performed by Supervisory Commission nominated by the Minister of Health. The Commission supervised only outpatient units.

In Slovenia there is no National Register for problem drug users in medically assisted treatment. There is an information data collection and network system of the CPTDA which are obliged by law to report data on clients to the NIPH through the questionnaire DUTE protected by special SOUNDEX code to provide ananonyimity.

For more information please see Profile of clients in treatment and previous report.

Table 5.1 Drugs for substitution treatment of heroin addiction registered in the market in Slovenia

Drug	Date of registration	Available in the market	Market share for August 2005	MAT (Market share MAT September 2004 August 2005)
long acting morphine Substitol	5.12.2003	June 2005	0.25 %	0.04 %
buprenorphine Subutex	16.2.2003	March 2005	9.23 %	2.33 %
methadone Heptanon	9.7.1998[36] (tablets); 21.9.2000[37] (solution); 9.7.1998[38] (ampuls); 9.7.1998[39] (drops)	Tablets (January 1999) Solution (100 ml) (February 2002) Ampuls (January 1999) Drops (January 1999)	22.58 %	41.36 %
methadone Metadon	July 2004	November 2004	67.94 %	56.27 %

Source: Pliva, Krka, Medis, Schering Plough, Torrex Pharma; 2005

In Table 5.2 (see below) there are expenditures for methadone program in Slovenia in years 1999 to 2005. The regional distribution of expenses represents the number of CPTDA in Slovenia and the number of patients in the program. Additional funds are available for centres for expenditures.

36,37, 38, 39 Official Gazette RS 53/98: 512//B-254/98; Official Gazette RS 93/00: 512/B-137/00; Official Gazette RS53/98: 512/B-247/98; Official Gazette RS 53/98: 512/B-246/98.

Table 5.2 Expenditure on the methadone programme in 1999 to 2004 in Slovenia, in €[40]

METHADONE								
Region	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**regional use in % for 2004**	**% of growth 2004/03**
Nova Gorica	57,431	77,326	80,973	80,351	100,347	106,354	4	107
Koper	488,609	517,207	606,374	738,212	776,340	778,073	27	102
Kranj	75,511	86,489	119,417	122,415	102,411	133,814	5	132
Novo mesto	755	7,444	22,958	28,609	34,868	57,202	2	166
Ravne	37,184	58,910	57,557	53,303	60,050	71,496	2	121
Ljubljana	529,197	591,707	808,562	935,715	1,040,944	1,190,203	41	116
Krško	35,354	38,078	34,601	25,899	21,729	30,700	1	143
Maribor	128,837	272,029	321,332	292,674	335,118	345,907	12	105
Celje	71,206	123,955	134,378	156,600	173,846	140,182	5	82
Murska Sobota	19,548	52,640	44,890	47,499	54,817	65,174	2	120
Total	1,443,634	1,825,785	2,231,043	2,481,277	2,700,469	2,919,103	100	**109**
Funds for CPTDA in €				1,810,939	2,011,067	2,147,195		

Source: Health Insurance Institute of Slovenia, 2005

For more information please see also sections National Policies and context and Budget and Public expenditure and previous reports.

[40] Data in € currency for each reporting year are valid for the prices dated December 31 according to the median exchange rate of the Bank of Slovenia.

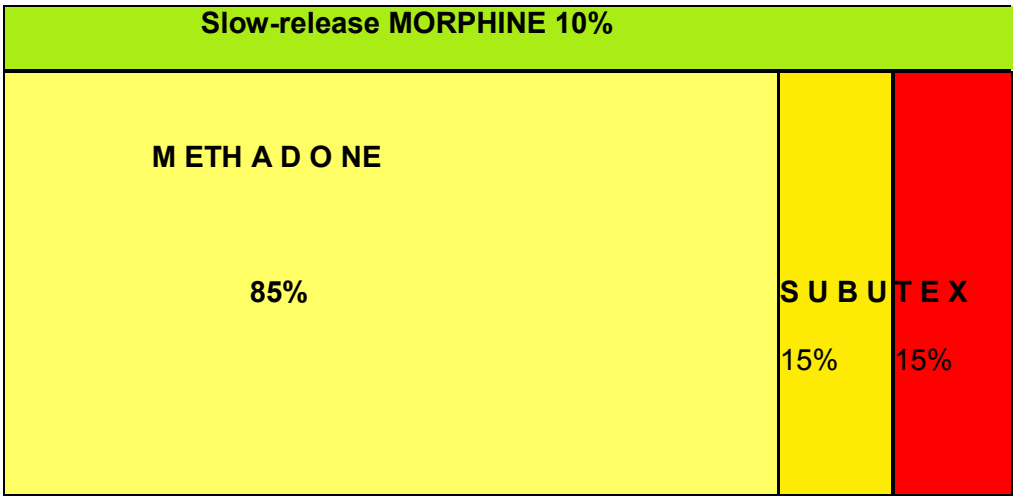
Substitution therapy with buprenorphine and long-acting morphine *prepared by Andrej Kastelic*

Buprenorphine and slow-release morphine were recommended for use in substitution programmes by the Health Council at the Ministry of Health by 2004, while the cost of such treatment has been covered by basic health insurance and therefore been free for patients.

Buprenorphine was registered as the substitution medicine Subutex in May 2004. The launch of buprenorphine was made at the 2nd National Conference on Drug Addiction in June 2004[41]. Four other training sessions were organised under the patronage of the Coordination of the CPTDA during the last two years, including one for professionals working in prisons. Special guidelines for medical professionals and a manual for patients were published, including a booklet for take-home dosages. Substitution therapy with buprenorphine is available in more than half of the CPTDAs[42] and it is also used in the CTDA.

The launch of slow-release morphine – Substitol – came in March 2005. Substitution therapy with long-acting morphine is available in more than half of the CPTDAs[43]. Several training sessions on the use of slow-release morphine were organised and clinical guidelines were published, including information flyers for patients.

Figure 5.1 Estimated distributions of patients in different substitution programmes[44]



Source: Coordination of the CPTDA, 2005

[41] The 2nd National Conference on Drug Addiction was organised by the Sound of Reflection Foundation in June 2004 in Ljubljana.
[42] Use of the medicines in the half of CPTDAs is a consequence of recent introduction in treatment, and is still subject to acquainting.
[43] Use of the medicines in the half of CPTDAs is a consequence of recent introduction in treatment, and is still subject to acquainting of the above-mentioned medicines.
[44] The estimation of the Coordination of the CPTDA is based on the current situation with launching buprenorphine and morphine and is consequently a prospective estimate. More information will be available in 2006.

6. Health Correlates and Consequences

Overview summary on health correlates and consequences

During the period from 1996 to 2004 the prevalence of HIV remained consistently below 1% among confidentially tested injecting drug users treated in the CPTDA network. Of all reported cases in 2004, there was only one AIDS case with a history of injecting drug use. Prevalence of antibodies against hepatitis B virus (antiHBc) among confidentially tested injecting drug users demanding treatment in the CPTDA network was 4.1% and prevalence of antibodies against hepatitis C virus (antiHCV) was 22.51%.

In the year 2004 the number of drug related deaths was the highest in the last years in Slovenia.

Drug related mortality *prepared by Jožica Šelb Šemerl*

In this year, the major work and responsibility on key indicator drug related deaths (DRD) were split between the staff working at General Mortality Register (GMR) who are running GMR, and researchers from Epidemiology Department and NFP at the NIPH who were coding underlying cause of death and analysing mortality data.

To get the number of DRD, as real as possible, data on DRD were matched with data DRD from General Police Office (GPO), Institute of Forensic Medicine – Toxicology Department (IFM), data from the First Treatment Demand Data Base (FTD) and for the firs time data on patients who had been hospitalised due to intoxication with illicit drugs. As a result of linkages we come up with 40 deaths due to accidental poisoning, intentional poisoning or due to poisoning of undetermined intent and 19 deaths in drug users. According to EMCDA - DRD methodology all together there were 59 deaths in connection with drugs in Slovenia in 2004, that is 13 more than previous year. From the GPO we have got also data on three victims of illicit drug use one by one from Italy, Bosnia and Herzegovina and Great Britain citizen, who died on the territory of the RS but till now we have not succeed in obtaining the exact data on toxicology.

Direct drug related deaths

In Slovenia in 2004 there were, according to EMCDDA methodology (causes of death with DRD 56 to DRD 147), 40 drug related deaths (Table 6.1).

Table 6.1 Number of direct drug related deaths by age group and sex, Slovenia 2004

Age group	Sex		Total
	Men	Women	
<15 years			
15-19	1	2	3
20-24	8	1	9
25-29	7	2	9
30-34	3		3
35-39	6	2	8
40-44	2		2
45-49	2		2
50-54	1		1
55-59	1		1
60-64		1	1
65 >		1	1
Total	31	9	40

Source: Institute of Public Health of the RS, 2005

There were almost four times higher number of men deceased due to drug use than women. The age distribution of deaths were skewed toward younger age groups in both sexes with the highest number in persons aged from 20 to 29 years and the second slightly lower peak in the years 35 to 39.

The mean age of death in men was 32.6 years, median 29.1 year with minimum age at death at 18.3 years and the maximum at 58.5 (unintentional poisoning with heroin). The mean age of women death was 36.4 years, median age at death 32.0 year, with minimum age at death at 19.6 years and the maximum at 72.6 years (intentional poisoning with benzodiazepines).

There were 31 cases according to the value 1 of Filter B variable (key figures) and 9 according to value 0 of the same variable (Table 6.2).

Table 6.2 Number of direct drug related deaths, according to value 1 of Filter B variable, by age group and sex, Slovenia 2004

Age group	**Sex**		**Total**
	Men	**Women**	
15-19	1	1	2
20-24	8	1	9
25-29	5	1	6
30-34	3		3
35-39	6		6
40-44	2		2
45-49	2		2
55-59	1		1
Total	28	3	31

Source: Institute of Public Health of the RS, 2005

Around of three quarters of drug use victims were illicit drug users. Among 31 deceased due do illicit drug use only three were women, aged 17 to 29 years. The age distribution resembled the one among all drug users described in table two, except in the older age groups where deceased, all except one were women, due to suicides with benzodiazepine were located.

Cause of death that means a substance that causes death is one of the most important characteristics.

Table 6.3 Substance used by drug related death victims, by age group and sex, Slovenia 2004

Substance	**Sex**		**Total**
	Men	**Women**	
T400.0 - Opium	1		1
T40.1 - Heroin	8		8
T40.2 - Other opioids	14	2	16
T40.3 - Methadone	4		4
T40.5 - Cocaine	1		1
T42.4 - Benzodiazepines	1	6	7
T43.8 – Other psychotropic	1	1	2
Missing	1		1
Total	31	9	40

Source: Institute of Public Health of the RS, 2005

Morphine use was the most frequent drug consumption followed by heroin and benzodiazepines. There were also four deaths due to methadone and one by one due to opium or cocaine and two by other psychotropic substances.

There were 19 accidental poisonings, the majority of them by morphine and heroin and three by methadone. All seven suicides were performed with benzodiazepines and among 14 cases of undetermined intend the most frequent substance used was morphine followed by heroine and ones by methadone.

Table 6.4 Number of drug related deaths due to opiate, cocaine and other and unspecified narcotics use (T400-T406) in the 2002, 2003 and 2004

Number of opiate, cocaine and other and unspecified narcotics' deaths (T400-T406)	**2002**	**2003**	**2004**
Opium T400	1	1	1
Heroin T401	14	5	8
Other opioids T402	5	6	16
Methadone T403	6	8	4
Other synthetic narcotics T404	0	0	0
Cocaine T405	0	0	1
Other and unspecified narcotics T406	2	1	
Sum	28	21	30

Source: Institute of Public Health of the RS, 2005

In the year 2004 we altogether had 30 deaths due to use of opiate, cocaine and other and unspecified narcotics (T400-T406) in contrast to the year 2003 when we recorded 21 deaths due to the use of the same substances. The number of death in this year was almost the same as in the 2002 year. There was a substantial increase in deaths due to other opioids in most cases due to morphine.

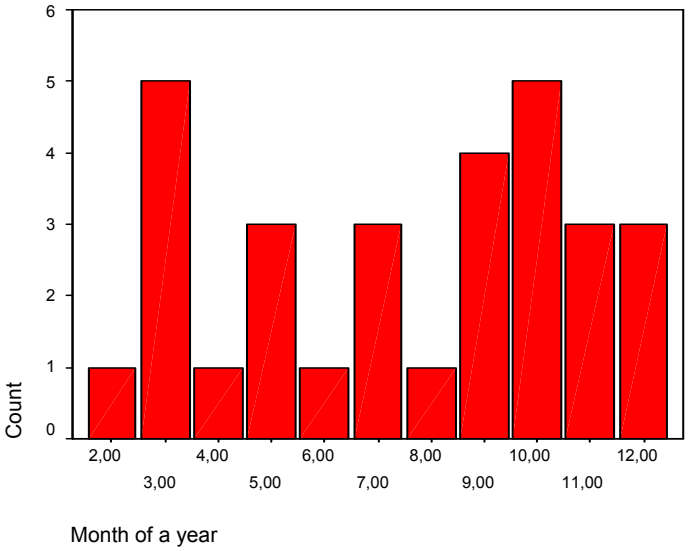
Table 6.5 Number of drug related deaths due to opiate, cocaine and other and unspecified narcotics use (T400-T406) in the 2004 by age group

Age group	Number of deaths
15-19	1
20-24	9
25-29	6
30-34	3
35-39	6
40-44	2
45-49	2
55-59	1
Total	30

Source: Institute of Public Health of the RS, 2005

The highest number of deaths due to described substances was among 20 to 24 years old persons.

Figure 6.1 Number of drug related deaths due to opiate, cocaine and other and unspecified narcotics use (T400-T406) in the 2004 by month of death



Source: Institute of Public Health of the RS, 2005

Number of described drug deaths had two picks the first in March and the second in September and October.

Indirect drug related deaths

After matching data from Forensic toxicology at IFM at the Faculty of Ljubljana with GMR and data from TDI with GMR, 19 deaths among drug users were registered not directly connected to toxic action of the substance in the body. There were 17 men and 2 women.

Within the group of indirect drug related deaths the mean age of death for men was 39.8 years, median age at death 28.5 year and minimum and maximum age at death were 21.0 and 50.1 year respectively. Two deceased women were 24.9 and 51.7 years old at the moment of death.

For 12 out of 19 results of toxicological analyses of urine and/or blood were obtained, for seven out of 19 we only have got the information that they had been drug users and three among seven were chronic opioid users for the other four no information on drug sort were obtained. Among those 12 deceased for who toxicological analyse was done seven were poly drug users from two to four drugs find simultaneously in the body fluids. Methadone was found in 8 persons, morphine and/or cocaine in four, benzodiazepines in 3, THC in 2 and citalopram in one.

Concerning underlying causes of death five persons died due to internal diseases: one was determined only as chronic drug user without any diseases registered, two persons died due to thrombosis, two due to haemorrhage of cerebral vessels, and one due to pneumonia. Among 19 deceased drug users there were 8 suicides, 5 victims of assault and one person died due to a consequence of surgical procedure. Suicides were performed by hand gun or unspecified fire arm in three cases, and by gas or hanging in two by two cases and by jumping from a high place in one case. Assaults were by unspecified firearm in two cases, sharp object in one case and by bodily force and unspecified means in one by one case.

Trends

In the year 2004 there were the highest number of drug related deaths in the last three years, the period we have adopted the methodology of drug related deaths by MCDDA. There were 8 direct drug related deaths and 4 indirect drug related deaths more then in previous year, that means 12 more among all drug users. Mean age at death was 3 years less in the 2004 than in a year before. The decrease in mean age at death was observed in men also but in women change could not be assessed because of small number of deceased women. Also the number of illicit drug use (filter B=1) increased and reached the same level as in 2002 and slightly high than in 2001. There was an increasing number in suicides other than by poisonings and for the first time we also recorded drug users as victims of assault.

We are still adjusting our methodology to methodology of EMCDDA and there are still some obstacles which have to be clarified. In the year 2004 we merged data from Toxicology Department of Clinical Centre on hospitalization due to intoxication with illicit drugs for the first time, with GMR. We find out that there were no deceased among hospitalised there and this was also use full information for us. The other paths of connecting data 8 with General Police Department, Forensic Toxicology and FTD base are becoming stable and we think we all are taking advantage from such connections.

Conclusions

In the year 2004 the number of DRD was the highest in the last years in Slovenia. It is also the consequence that, only for the second time, we managed to record also indirect drug related deaths and that we have been adopting EMCDDA methodology only for three years. We hope that the increasing number of DRD is still the consequence of better data gathering. May be from year to year, because we are still at the beginning, the awareness of how important the data on mortality of drug users is increasing among subjects involved.

It was not possible to start with drug related mortality cohort study because of lack of human resources.

Drug-related infectious diseases *prepared by Irena Klavs*

HIV

Slovenia has a low-level HIV epidemic. The prevalence of HIV infection has not raised above 5% in any population group. The rapid spread of HIV infection seems not to have started yet among injecting drug users. During the period from 1996 to 2004 the prevalence of HIV remained consistently below 1% among confidentially tested injecting drug users treated in the CPTDA network. Similarly, during the period from 1995 to 2004 HIV prevalence among injecting drug users demanding treatment for the first time in two of these CPTDAs (Ljubljana and Koper) consistently remained below 1%. Also, no injecting drug user, the clients of two needle exchange programmes (in Ljubljana in 2003, and in Koper in 2004), who consented to be tested unlinked anonymously for HIV surveillance purposes, was diagnosed as positive.

The reported newly diagnosed HIV incidence rate in 2004 was 12.5 per million of population and the reported AIDS incidence rate was 3.5 per million of population. Of all reported cases in 2004, there was only one AIDS case with a history of injecting drug use. In contrast to the relatively reliable AIDS reported data, information about reported newly diagnosed HIV infection cases does not reliably reflect HIV incidence rates.

HBV

In 2004 the prevalence of antibodies against hepatitis B virus (antiHBc) among confidentially tested injecting drug users demanding treatment in the CPTDA network was 4.1% (3.1% among men and 7.2% among women).

The reported newly diagnosed acute HBV cases incidence rate in 2004 was 1.05 per 100,000 population (a total of 21 cases). Due to underreporting, HBV reported incidence rates underestimate the burden of the disease on the population. Information on transmission routes was only available for a minority of cases. Injecting drug use was not implicated in the two cases with a known transmission route in 2004.

HCV

In 2004 the prevalence of antibodies against hepatitis C virus (antiHCV) among confidentially tested injecting drug users demanding treatment in the CPTDA network was 22.51% (21.7% among men and 25.2% among women). The prevalence among short-term injecting drug users (less than 2 years) was 0% and among longer-term users 4.4%. Information on the proportion of chronic HCV infections among these individuals is unavailable.

The reported newly diagnosed HCV cases incidence rate in 2004 was 0.6 per 100,000 populations (a total of 13 cases). Due to underreporting, HCV reported incidence rates underestimate the burden of the disease. Information on the transmission route was available for one case only and here injecting drug use was not implicated.

Psychiatric comorbidity (dual diagnosis) *prepared by Mercedes Lovrečič*

There are several combinations of mental disorders and substance use. Patients with psychiatric comorbidity sometimes seek help due to drug use, sometimes due to mental disorder and the comorbid condition might be unrecognised, especially when there is no close collaboration between mental health services and drug treatment services. In our survey we identified 41 (in 3 month period) patients seeking psychiatric help in hospital and in methadone outpatients' program. On average, those patients were 26 years old, with almost 7 years of drug dependence or abuse, with serious consequences of mental illness and drug related behaviour. In drug users with need of psychiatric inpatient setting (N=18) serious mental illness was diagnosed: schizophrenia (72.2%), bipolar disorder (16,6%) and acute, transient psychoses (11,1%); half of them was addicted to heroin and abused many other substances as well, half abused heroin probably due to self medication. Those patients are endangered, all can in future develop addiction, have serious mental illness with delusions, hallucinations, mood symptoms, sleeping problems. Drug users seek psychiatric help (admitted to hospital) after shorter length of dependence. Severity of psychotic illness acted as a protective factor. Majority of them had legal problems and they show aggressive behaviour. Legal problems in these patients are not always a consequence of criminal activity, but disorganised and violent behaviour could be source of legal problems. Problem drug users in CPTDA treatment (N=23) had a depressive episode (73.9%), anxiety disorder (21.7%) and psychosis (4.3%); all of them were addicted to heroin and abused alcohol, cannabinoids, LSD and cocaine more frequently. Physical problems were similarly distributed in both groups (Lovrečič et al, 2001).

Insufficient communication between general psychiatric and addiction services may lead to a phenomenon called unreported double frequency, which refers to the simultaneous attendance of the two types of service, while therapists are left uninformed. The reasons for these phenomena may be shame or manipulation (the acquisition of extra benefits and the

prescription of additional medications). Patients tend to deny their drug-related problems and methadone treatment while treated in general psychiatric outpatient service and in two thirds of patients in general psychiatric drug addiction is not recognized at first consultation. In case of poor cooperation between general psychiatric and addiction services led to addiction being under diagnosed and withdrawal symptoms were being mistreated. Depressive symptoms and anxiety were the features most commonly found in this kind of patients, while psychotic symptoms were rare. We can assume that the patients who had withdrawal symptoms were treated with antipsychotic and other unspecified drugs and benzodiazepines. Patients with depressive mood who were not given a prescription of methadone received antidepressants and benzodiazepines (Lovrečič et al, 2004a).

Problem drug users, who seek help in CPTDA, represent heterogeneous group and they can be divided in two subgroups: patients at the first treatment and returned patients. These two groups of patients have various necessities and the treatment approaches can be orientated differently even about scope. Although no statistically significant differences were founded between two groups regarding clinical and toxicological characteristics, subjects at there first visit at CPTDA self reported more self aggression behavior. There are no differences between two groups as far as poly-drug abuse goes, but less use of classic hallucinogens (LSD) was self reported by patients at the first treatment (Lovrečič et al, 2003)

For more information please see section Gender differences and previous report.

Other drug-related health correlates and consequences

Somatic co-morbidity *prepared by Dušica Cvitkovič*

The data reported by the Pre-hospital Emergency Unit located at the Community Health Centre of Ljubljana and situated on the premises of the ED of the Clinical Centre of Ljubljana (the capital city of Ljubljana's territory of 900 km2 and its surroundings has 325,000 inhabitants) show that, in the period from the beginning of January 2004 till the end of December 2004, the unit treated 99 people who had problems with illicit drug use. This figure represents 0.2% of all people treated in the Pre-hospital Emergency Unit in 2004. Among those who were treated, 11 people had problems due to amphetamine substances or cocaine, and others due to an opiate type. In most cases, the reason was an overdose due to opioids and interventions were necessarily at the location of the overdose. In 7 cases an overdose with opioids was fatal. Drug-related deaths due to other substances (amphetamine type or cocaine) at the Pre-hospital Emergency Unit were not reported in 2004.

Driving and other accidents

For more information please see chapter Drug related crime, Driving offences and previous report.

Pregnancies and children born to drug users *prepared by Andrej Kastelic*

Women attending treatment services usually have better antenatal care and better general health than drug-using women not participating in treatment, although they still use drugs**.** The age when drug users first enter treatment is between 20 and 30 years, and women of childbearing age represent one-third of this population. The use of psychoactive drugs by women of childbearing age may place an enormous burden on the foetus, the newborn and the child. Substitution treatment programmes for women using opioids can stabilise the drug user and ensure that mothers and their foetuses are monitored regularly.

Comprehensive and stable treatment programmes have been established at the CTDA Ljubljana and in most of the CPTDAs in Slovenia in cooperation with some gynaecological clinics. A case manager is appointed to coordinate the care of the mother and her child.

Any assessment of the pregnant drug-using woman is difficult, especially when the addiction is denied, but this is a very rare case in Slovenia. The woman may enter prenatal care in different stages of pregnancy and in a variety of settings, such as hospital emergency rooms, community health centres, abortion clinics and maternity hospitals.

Prenatal follow-up care includes frequent prenatal follow-up visits; every 2-3 weeks up until the 28th week, then weekly thereafter (physicians or a nurse); occasional urine drug screening and occasional infection testing.

In Slovenia, the main problem with drug-using women during pregnancy is opiate use (90%), although there is a rising problem of cocaine use (10%) which should not be ignored. Opioid withdrawal symptoms in pregnancy may include uterine irritability, increased foetal activity, and tachycardia on cardiotocography (CTG) with diminished variability of the foetus' heart rate, and there is an increased risk of premature labour.

When the diagnosis of opiate addiction is confirmed, substitution treatment is recommended. In Slovenia, methadone solution is widely used although in some other countries buprenorphine and slow-release morphine, that were only registered last year, are used.

Violent incidents during treatment for drug addiction – estimated and documented frequency *prepared by Mojca Zvezdana Dernovšek, Mercedes Lovrečič and Branka Čelan Lucu*

According to the first paragraph of Article 2 of the Regulations on Performing Supervision in the Centres for the Prevention and Treatment of Illicit Drug Addiction (Official Gazette of the RS 43/00) the Minister of Health (Act No. 5809-3/01:13, October 27, 2003) nominated members of the Supervision Commission to examine and analyse the situation in CPTDAs. The main goals of this audit were an assessment of the sufficiency and proportionality of financial resources, staff structure and treatment in CPTDAs in 2003.

Two special forms were prepared by committee members to explore indicators on the situation in CPTDAs. The first one was the 'Report on Expenditure in the Centres for the Prevention and Treatment of Illicit Drug Addiction from January to October 2003' and the second one contained an assessment of the process and structural quality of care. Later we added some calculations of a few indicators to analyse the situation (for more information here, please also see the previous report).

The assessment of the CPTDAs was limited to the most important features that were written in the report in 2004. The question regarding frequent violent incidents in some CPTDAs remained unanswered.

In the 2003 audit staff reported no violent incidents in 3 CPTDAs, 2 violent incidents per year in 7 CPTDAs, and 1 violent incident every 3 months in one CPTDA. These staff reports did not specify the degree of violence – verbal, physical violence against objects, physical violence against others.

Specific information was collected from other 7 centres. Verbal violence was the most frequent: in 2 CPTDAs it happened every day, in 3 every week, in 1 once a month and in 1 once in a two-month period.

Physical violence against objects was reported in 5 CPTDAs: from 2 to 12 times per month. Physical violence against others happened in two CPTDAs in 2003. The intervention after the incident consisted first of all of a discussion of the team members and, second, a discussion with the violent person and an appropriate warning.

Another study was planned since the figures on violent incidents were alarming. In the CPTDA with 4 reported violent incidents per month, the documentation of violent behaviour should be assessed.

The study was performed in the CPTDA Ljubljana in September 2004. In this CPTDA almost 500 patients are included in a methadone maintenance programme. Every tenth patient was selected and their documentation was examined. The results are shown in Table 6.6.

Table 6.6 Documentation on violent behaviour in a 6-month period

no heteroaggressive behaviour	38	76%
heteroaggressive behaviour	12	24%
total	50	100%

Source: CPTDA Ljubljana

Yet the data are inconsistent. In the case that in this CPTDA violent incidents happened only 4 times a month and, for example, 400 patients are in therapy each day, the documented violent incidents should be 4.2%. In the event that 24% of patients had documented violent behaviour in a six-month period, this should occur at least 2 to 3 times a day.

When we try to compare the reported and documented frequency of violent behaviour it seems that the staff there underestimates the number of violent incidents.

These figures are only preliminary and more research is needed for any more comprehensive conclusions.

Main results of new research projects and studies

In 2004, a study which includes 122 medico-legally examined fatal poisonings by illicit drugs in Slovenia (1.96 million inhabitants) in 1997-2003 was published (Karlovšek 2004). The highest death rate expressed per 10(5) inhabitants per year was observed in 2002 with 1.17, the average value over the 1997-2003 period was 0.89; while the trend line shows stabilisation. Heroin/morphine dominated as the cause of death and was responsible for 71.3% of fatal poisonings. Methadone was found to cause or to have contributed to death in 28 cases (22.9%). One death by cocaine and two by MDMA were caused in the time observed. Males represent 98.4% of direct illicit drug-related deaths. The main ages of the heroin/morphine group, heroin/morphine only and methadone group were 27.6, 24.1 and 26.8, respectively. Between 1997 and 2003, there was a downward trend in the average age in the group heroin/morphine only.

In 2004 another case report was published related to acute symptomatic hyponatremia after ecstasy (3,4 methyldioxymethamphetamine; MDMA) ingestion which was well-documented and has been attributed to the syndrome of inappropriate antidiuretic hormone (SIADH) (Brvar et al. 2004). The study reported the case of an 18-year old woman who took five tablets of ecstasy in a suicide attempt and drank 1700 ml water at the Emergency Department (ED).

7. Responses to Health Correlates and Consequences

Overview summary of framework, strategies and interventions in relation to prevention of health consequences

Section presents data on prevention of drug related deaths, overdose prevention and some of the other activities to reduce health consequences.

Prevention of drug-related deaths *prepared by Manca Drobne, Andreja Drev and Mercedes Lovrečič*

Slovenia does not have a defined, written or specific strategy, or an action plan to address the reduction in the number of acute drug-related deaths. In the national strategy there are some goals or statements which indirectly define this field.

According to data on sources that were consulted (CPTDAs, NGOs, other relevant authorities, brochure materials and other available information and literature) in relation to the drug-related deaths, the predominant approach in Slovenia is, among others, information materials which are disseminated on specifically developed printed or multimedia materials (flyers, websites or media campaigns) that aim at the prevention of drug-related deaths. It also contains risk-awareness messages in the media when there is a high purity of illicit drug detected on the illegal market. In 2004 in Slovenia there were 19 published articles and there was other information in the mass media related to the increased risk from particular illicit drug use (high purity heroin, etc.) where the prevention of acute drug-related deaths was also mentioned.

In CPTDAs risk education and response training for drug users related to acute drug-related deaths are common, but mostly individual risk counselling prevails. In Slovenian prisons in accordance with the strategy for dealing with drug users information is regularly disseminated and general lectures are given in the field of increased risk and prevention where the topic of drug-related deaths is involved.

Mostly the abovementioned approaches and information are available to drug users in specialised drug treatment services (outpatient CPTDAs), low-threshold services (needle exchange programmes etc.), prisons, detoxification services (inpatient setting), the mass media, and the Internet. They rarely appear in general emergency departments (for example, the Pre-hospital Emergency Unit in Ljubljana) and the school environment. Mostly there are heroin, cocaine and synthetic drugs as well as a combination of different PAS covered in these materials and the mass media's messages. In different settings and services information material or lectures related to drug-related deaths are also available (prison staff, police staff, family and friends of drug users).

So far Slovenia has no supervised drug consumption facilities available.

Overdose prevention *prepared by Andrej Kastelic*

Overdose prevention has been performed since 2000 when the first leaflet 'Overdose' was published and distributed for free to clients at the CPTDAs and NGOs. Regular trainings were performed by the NGOs and some CPTDAs. The OD at the Ministry of Health reissued the 'Overdose' leaflet in 2005 and it is also available on the website.

Prevention and treatment of drug related infectious diseases

NO NEW INFORMATION AVAILABLE

Interventions related to psychiatric comorbidity

NO NEW INFORMATION AVAILABLE

Interventions related to other health correlates and consequences

Other activities to reduce health consequences *prepared by Andrej Kastelic*

The 2nd National Conference on Drug Addiction organised in June 2004 focussed on networking, substitution treatment, the treatment of hepatitis-positive drug users and treatment in prisons. In addition, the 2nd Adriatic Drug Addiction Conference (Treatment and Harm Reduction in Primary Health Care and Prisons, Rehabilitation) and the 2nd SEEA Symposium on Addictive Behaviours (New Trends in Substitution Treatment, Regional Networking) were organised from May 19 to May 21, 2005 in Kranjska Gora.[45] The 'Best Practice Substitution Treatment Models Workshop', a half-day workshop, was run during the Conference. More than 400 people from 20 countries attended the conference.

Several two- to five-day study tours that visited harm-reduction and treatment programmes (with the emphasis on substitution programmes) in the community and prisons were organised, involving participants from Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Greece, Kosovo, Lithuania, Macedonia, Kazakhstan, Kyrgyzstan, Romania, Russia, Serbia and Montenegro, and Ukraine.

The international scientific journal *Odvisnosti/Ovisnosti/Zavisnosti/SEEA Addictions* started to be issued by the South-east European-Adriatic Addiction Treatment Network and the Sound of Reflection Foundation.

[45] Pre- and post-conference workshops on psycho trauma and drug use motivational interviewing and pre- and post-conference study tours were organised by the Southeast European-Adriatic Addiction Treatment Network and The Sound of Reflection Foundation, in cooperation with the technical organiser Prohealth Ljubljana.

8. Social Correlates and Consequences *prepared by Marjeta Ferlan Istinič and Štefan Kociper*

Overview/summary of social correlates and consequences

The use of drugs in the system of social assistance is treated as one of behavioural forms which may adversely affect the social inclusion of the user or their immediate family and close friends. In order to prevent and eliminate social exclusion resulting from or occurring simultaneously with the use of illicit drugs, the Ministry of Labour, Family and Social Affairs of the RS provides for the operation of expert services organised within the public service framework, activities that supplement the work of public services and activities enabling the provision of mutual assistance by drug users, their immediate family, close friends and other interested parties. The basic starting points for addressing problems concerning the use of illicit drugs within the social assistance system are found in the National Programme of Social Assistance and Social Services until 2005 (Official Gazette of the RS, no. 31/2000). Professional activities aimed at resolving social problems arising from the use of illicit drugs are carried out by public services (62 Centres for Social Work) which provide drug users, their immediate families and close friends with social assistance services, namely first social aid, personal assistance and family assistance for a home. Supplementary social assistance programmes are outside the scope of public services and are mainly implemented by NGOs which provide expert support in addressing drug use and in the search for a different way of life.

Preventive social assistance activities are indirectly geared to the prevention of drug use. Experimenting with drugs and above all the regular use of drugs are indirectly prevented through different activities aimed at improving social inclusion. Social preventive services are performed by Centres for Social Work in cooperation with various NGOs which run programmes for young people.

Professional activities aimed at resolving social problems connected with the use of illicit drugs are carried out by public services (primarily Centres for Social Work), by providers with concessions for social assistance services on the basis of tenders and by NGOs as supplementary activities. The public services here above all include social prevention, first social aid, personal assistance and family assistance for a home. Outside the scope of public services, there are programmes designed for individuals, families and groups to overcome social hardships and difficulties arising from the use of drugs. These programmes include organised forms of mutual assistance between the users of illicit drugs, their immediate family, close friends and other interested parties.

The providers of social assistance services as a public service are currently public social assistance institutes – Centres for Social Work (in total 62) which provide drug users and their immediate family and close friends with social assistance services, in particular first social aid, personal assistance and family assistance for a home. The Centres for Social Work are, for the purposes of these services, financed directly from the national budget.

The network of public services and programmes for solving social problems related to drug use provides the following:

- services and programmes raising the awareness of as many drug users as possible (first social aid, field work and other low-threshold programmes);
- services and programmes for short-term interventions (personal assistance, family assistance for a home, low-threshold programmes and mutual assistance programmes);
- programmes aimed at permanent abstinence (therapeutic communities, communes, day-care programmes);

- services and programmes for reintegration (personal assistance and family assistance for a home, reintegration programmes); and
- forms of self-help and self-organisation for drug users and their immediate families and close friends.

Professional tasks are therefore performed through different forms of work: field work according to the harm-reduction principle makes it possible to establish contact with drug users (the basic precondition). The basis of this kind of work is the low-threshold approach. The forms of organisation here include field work and drop-in centres, various residential forms of shelters, the promotion of mutual assistance between drug users and similar; first social aid and other social assistance services performed by public services (Centres for Social Work) and other providers. Professional work focuses on recognising personal and social hardship and on finding forms of assistance which can be realised and will enable the social inclusion of individuals, thus encouraging individuals to decide on a change in their drug use; different forms of high-threshold programmes geared declaratorily at abstinence – reception and drop-in centres, therapeutic communities and communes. Individuals who wish to stop using drugs participate in these programmes; 'reintegration centres' as a professional form of working with stable abstinent people and their immediate families and close friends thus enabling concrete social inclusion. Therapeutic care or treatment is followed by the most important component: the social reintegration of former drug users into society. This reintegration means inclusion at all levels and in all fields, and especially in the development of social skills and the promotion of education and employment. It also implies the maximum degree of social participation of former and current drug users. Various programmes have only recently been intensively developed in this area and, according to the expectations; different initiatives will abound in the coming years. Social reintegration implies the restriction or elimination of social causes leading to drug use, especially social exclusion. In the period between the end of a residential form of treatment and full independence, 'residential groups for reintegration' must be set up so that suitable professional help is still available. Social reintegration is also important for people released from prison or a correctional facility. Social rehabilitation and the reintegration of drug users are two areas of work carried out by Centres for Social Work. The expert staff of these centres with suitable additional training must be the key actors in the comprehensive reintegration of former drug users into the community; programmes for mutual assistance between drug users, their immediate families, close friends and other interested parties; special attention should be paid to a follow-up to the activities for preventing the social exclusion of those groups of drug users that participate in activities from other fields – e.g. methadone maintenance programmes, drug users in prisons etc. These activities require the full cooperation of experts from various professions, various providers and various systems.

In 2004, 1,118 people (situation as of 31 December 2004) whose primary problem was connected with the use of illicit drugs and 410 minors (situation as of 31 December 2003) with such problems were treated in public institutions (there are 62 Centres for Social Work in Slovenia).

In 2004, € 13,888,987 (SIT 333,000,000.00) was spent on social rehabilitation (56 programmes). All these funds are earmarked exclusively for the implementation of different programmes (for labour costs or material costs only if these are essential for the operation of a programme). Programmes co-financed by the Ministry of Labour, Family and Social Affairs within the framework of social rehabilitation also include programmes targeting people who participate in programmes concerning social hardships connected with alcohol abuse and eating disorders. The majority of funds are earmarked for programmes addressing social hardship arising from the use of illicit drugs.

Around 700 drug users are currently participating in NGO programmes co-financed by contracts for several years and aimed at stable abstinence. An additional 700 parents are

participating in programmes requiring active parent participation. Low-threshold programmes cover 1,400 drug users and around 500 family members. One of the programmes addressing dance drugs is implemented at rave events and it therefore covers several thousand young people annually. This programme also has tens of thousands of visitors to its web page: www.DrogArt.org. Individual programmes are designed for informing and providing assistance over the telephone. There is no provider that provides this kind of assistance solely to drug users, their immediate family and close friends.

Social Exclusion

Homelessness

Recently, the Ministry of Labour, Family and Social Affairs recorded an increase in the number of homeless drug users. Therefore, already in 2004 the Ministry supported the programme for a shelter for homeless drug users in Ljubljana within the network of low-threshold programmes. This shelter was also operating in 2004 and it has around 15 drug users. In the coming two years we plan to open such shelters in Maribor, Celje, Nova Gorica and Koper.

Unemployment

On the basis of the available data, we concluded that a great number of regular drug users are unemployed. If they fulfil the conditions prescribed by the Social Security Act they are entitled to benefits in cash.

School drop-outs

The system of social assistance does not include data on which basis we can estimate the correlations between drug use and accommodation, unemployment, school drop-outs and other problems.

Financial problems

Programmes operating within regular activities are financed as regular activities of the Centres for Social Work. Programmes operating within supplementary social assistance programmes are co-financed by the Ministry of Labour, Family and Social Affairs, but only up to 80% of the total programme value. The remaining funds must be provided by those carrying out the programme. The funds are particularly earmarked for employment expenses and material costs when urgently needed for operating the programme. Those carrying out the programmes find it very difficult to agree on co-financing with local communities.

Social network

Since we are aware that drug users have ‘unspecific’ needs and since we are searching for a suitable professional response to these ‘unspecific’ needs, the social assistance system supports very diverse programmes ranging from the services of public institutions (Centres for Social Work), the programmes of NGOs, low-threshold approaches in the field, extremely structured therapeutic communities, through to the methods of direct personal contact with drug users and self-help groups, and the use of electronic media to establish such contacts.

Drug-related Crime *prepared by Manca Drobne, Ljubo Pirkovič and Mercedes Lovrečič*

Drug offences

Table 8.1 presents data regarding the number of seizures for different types of illicit drug which are based on statistical police evidence for 2004. Data on drug-related use/possession represent the number of seizures of illicit drugs involving the committing of an offence related to Article 33 of ZPPD[46], drug-related dealing/trafficking presents data on the number of seizures of illicit drugs related to Article 196[47] of the Penal Code and data on drug-related use and trafficking present the number of seizures according to Article 197[48] of the Penal Code. The highest numbers of arrests or reports are still due to cannabis for all categories (use/possession, dealing/trafficking, use and trafficking).

Table 8.1 Number of arrests/reports for drug law offences, Slovenia, 2004

Offence type (No.) / Substances	Drug-related use/possession	Drug-related dealing/trafficking	Drug-related use and trafficking	Total
Cannabis	2369	282	76	2727
Heroin	335	135	8	478
Cocaine	77	64	4	145
Amphetamines	65	16	2	83
Ecstasy	47	17	1	65
LSD	-	1	-	1
Benzodiazepines	9	10	1	20
Methadone	42	20	2	64
TOTAL	**2944**	**545**	**94**	**3583**

Source: Ministry of the Interior of the RS, 2005

According to the Annual Report of the Slovenian Police, in 2001 (see Table 8.2) there were 1,537 criminal offences related to Articles 196 and 197 of the Penal Code (for more information please see the 2004 National Report) while, in 2002, there were 1,534 criminal offences. In 2003 there were 775 criminal offences related to illicit drugs, 16% of them as a consequence of criminal activity. The suspects of criminal offences related to drugs were referred in a written record by the police to the courts, 1,167 times. 28.7% more criminal

[46] Individuals are liable to a monetary fine of between SIT 50,000 and SIT 150,000 or a prison sentence of up to 30 days for committing the offence of possessing illicit drugs in contravention of the provisions of this Act; Individuals are liable to a monetary fine of between SIT 10,000 and SIT 50,000 or a prison sentence of up to 5 days for committing the offence of possessing a smaller quantity of illicit drugs for one-off personal use. In accordance with the provisions of the Misdemeanours Act, people who commit the offence specified in the first paragraph of this article and who possess a smaller quantity of illicit drugs for one-off personal use and people who commit the offence specified in the preceding paragraph may be subject to more lenient punishment if they voluntarily enter the programme of treatment for illicit drug users or social security programmes approved by the Health Council or Council for Drugs.

[47] (1) Whoever unlawfully manufactures, processes, sells or offers for sale, or for the purpose of sale purchases, keeps or transports, or whoever serves as an agent in the sale or purchase of, or in any other way unlawfully places on the market, substances and preparations recognised to be narcotic drugs, shall be sentenced to imprisonment of not less than one and not more than ten years; (2) If the offence referred to in the preceding paragraph has been committed by several people who colluded with the intention of committing such offences, or if the perpetrator has established a network of dealers and middlemen, the perpetrator shall be sentenced to imprisonment of not less than three years; (3) Whoever without authorisation manufactures, purchases, possesses or furnishes other people with the equipment, material or substances which are, to his knowledge, intended for the manufacture of narcotics shall be sentenced to imprisonment of not less than six months and not more than five years.; (4) Narcotics and the means of their manufacture shall be seized.

[48] (1) Whoever solicits another person to use narcotics or provides a person with such drugs to be used by him or by a third person, or whoever provides a person with premises for the use of narcotics or in some other way enables another person to use narcotics shall be sentenced to imprisonment of not less than three months and not more than five years; (2) If the offence referred to in the preceding paragraph is committed against a minor or against several people, the perpetrator shall be sentenced to imprisonment of not less than one and not more than ten years; (3) Narcotics and the tools for their consumption shall be seized.

offences related to illicit drugs compared to 2003 were reported in 2004, while fewer criminal offences were related to facilitating the consumption of illicit drugs. The decrease in 2004 was, according to the police assessment, a consequence of the improved effectiveness of police staff in detecting and investigating the manufacturing and trafficking of illicit drugs, which also led to a decrease in supply in the illicit market.

Table 8.2 Drug-related criminal offences pursuant to Articles 196 and 197 of the Penal Code of the RS (people charged), Slovenia, 2001-2004

Criminal offence under the Penal Code	**2001**	**2002**	**2003**	**2004**
196 - manufacture and trafficking of illicit drugs	1140	1164	775	997
197 - facilitating consumption of illicit drugs	397	370	271	234
Total	**1537**	**1534**	**1046**	**1231**

Source: Ministry of the Interior of the RS, Annual Police Reports (2001-2004)

According to data from the Statistical Office of the RS (Table 8.3) in the period from 2000 to 2003 the number of adults against whom a criminal procedure in front of the court has been legally finished[49] in relation to Articles 196 and 197 of the Penal Code of the RS show that from 2000 to 2002 legally finished criminal procedures have been increasing (in 2000 there were 278 finished criminal procedures under Articles 196 and 197, in 2001 there were 370, in 2002 396 and in 2003 there were 374).

Table 8.3 also shows the total number of legally finished procedures against adults related to criminal offences under the Penal Code of the RS and the proportion of criminal offences related only to drugs (Articles 196 and 197) for the period 2000 to 2003. In this period the proportion of legally finished criminal procedures relative to criminal offences due to drugs remains below 3%, while the average proportion for the studied period is 2.7%.

Table 8.3 Proportion of legally finished procedures against adults related to drugs compared to the total number of finished procedures under the Penal Code, 2000-2003, Slovenia

Year	Total number of criminal offences related to the Penal Code	Total number of legally finished criminal offences under Articles 196 and 197 of the Penal Code	Proportion of Criminal Offences related to drugs (Articles 196 and 197) regarding all criminal offences related to the Penal Code
2000	11149	278	2.5%
2001	12764	370	2.9%
2002	14524	396	2.7%
2003	13052	374	2.7%

Source: Statistical Office of the RS, 2005

In 2002 (see Table 8.4) 4,738 people contravened Article 33 of the ZPPD due to illicit drug possession (for more information please see previous reports), of whom 1,497 were charged with by the police for illicit drug possession and 2,881 people due to the possession of a smaller quantity of an illicit drug for one-off personal use. Table 8.4 shows the falling trend in misdemeanours related to the possession of illicit drugs. In 2004, the number of people charged compared to 2003 dropped from 1,235 to 836 for illicit drug possession, while the number of people charged for the possession of a smaller quantity of illicit drug for one-off personal use in 2004 (1948) also decreased compared to 2003 (2738).

[49] Data are collected at the Statistical Office of the RS and are reported by courts in relation to the National Statistics Act (OJ RS, No. 45/95 and 9/2001).

Table 8.4 Charged numbers of people under Article 33 of the ZPPD, Slovenia, 2002-2004

Article 33	**2002**	**2003**	**2004**
Illicit drug possession/No. of people	1497	1235	836
Possession of a smaller quantity of an illicit drug for one-off personal use/No. of people	2881	2738	1948
Total	**4738**	**3973**	**2784**

Source: Ministry of the Interior, 2005

***

In 2004 the Criminal Investigation Directorate located inside the Ministry of the Interior of the RS received information about Slovenian citizens suspected of trafficking larger quantities of heroin. Based on this information the police started to intensively collect evidence and data. Activities of the criminal investigation showed that the criminal group was made up of nine Slovenian citizens aged between 19 and 49 years, originally from Ljubljana or its suburbs and were united in exercising criminal offences according to Article 196 of the Penal Code. The criminal group was structured so as to perform criminal activities, organise separate transits of illicit drugs from abroad to Slovenia, to arrange the storage of illicit drugs, and consequently to make retail sales of the drug in Slovenia. In November 2004, the final step was taken; seven people were detained, later on two more. The Criminal Police Investigation Directorate continues to work on the matter in accordance with the law and cooperates with other institutions.

Other drug-related crime

Prostitution

According to the 2001 Police Annual Report criminal offences involving prostitution are quite rare. In 2001 the police was successful in 4 cases in identifying and collecting evidence against organised criminal groups dealing with prostitution and trafficking in human beings (the sex trade). There were 20 criminal offences for the procuring and intercession of prostitution, in 2002 criminal offences related to prostitution and human trafficking rose compared to the previous year. There are no data available to link prostitution with drug use.

Driving offences

Procedures for legal measures regarding traffic safety in Slovenia are defined in the Law on Road Traffic Safety (LRTS) which was subjected to some amendments in July 2004. Special provisions of the LRTS (Articles 131, 132 and 133) on driving under the influence of psychoactive substances (PAS), psychoactive medications and alcohol and different procedures are defined for police enforcement measures and other institutions (forensic laboratories, physicians) (Lovrečič and Drobne 2004).

The expert examination defined in Article 133 of the LRTS includes a medical examination (signs of disturbed behaviour as a consequence of unreliable behaviour on the road) and taking samples of blood, urine and other body fluids when suspecting driving under the influence of alcohol, drugs, psychoactive medications or other PAS, which could have an influence on road traffic safety.

Compared to 2003 in 2004 there were 2% more expert examinations taken by the police when drugged driving was suspected, there were also more positive expert examinations and 26% more negative expert examinations when suspecting drugged driving. The number of expert examinations refused decreased in 2004 compared to 2003 (see Table 8.5).

Table 8.5 Enforcement measures taken by the police when suspecting drugged driving during traffic surveillance, Slovenia, 2003-2004

Expert examination ordered for illicit drugs	2003	2004	Increase/ Decrease (in %)
Expert examination ordered for illicit drugs (total)	3642	3714	2.0
Positive expert examination	520	525	1.0
Negative expert examination	541	681	25.9
Expert examination refused	2527	2463	-2.5

Source: Ministry of Interior of the RS, Annual Police Reports (2002-2004)

Property crimes

In 2004, 65,250 criminal offences related to property crime in Slovenia were recorded (18% more than in 2003). Increases were reported in the number of burglaries, particularly thefts from cars, newsstands, residential premises, the theft of money, and street robberies. According to the police's estimation, the main motive for these crimes was to provide resources for illicit drugs.

Exact data on the national level are unavailable, although local data are available after 1999 based on a pilot project undertaken in the Police Directorate Maribor where criminal offences in the region of two Maribor police units were analysed (these two police stations annually record around 65% of property crime in the Police Directorate Maribor region, and at the national level more than 13% of all criminal offences in the country). The results of this study indicate that approximately 70% of all investigated offences are committed because of 'supply' criminality and that almost 90% of serious property crimes (burglaries, aggravated larceny, robberies, robbery, theft and blackmail) are committed by drug using offenders.

Drug Use in Prison *prepared by Manca Drobne and Olga Perhavc Uršič*

Drug use and problem drug use amongst prison inmates

In 2004 the number of people identified as illicit drug users in prison increased compared to 2003. The total number of all imprisoned people in 2004 was 4,344, of whom 944 had problems with illicit drug use (21.7%) (see Table 8.5). 40 of these were compulsorily treated under Article 66[50] of the Penal Code (36 males, 3 females and 1 juvenile).

Table 8.6 Number of imprisoned people with illicit drug-related problems relative to the total prison population by categories, Slovenia, 2004

Imprisoned people by category	Total prison population (number of people)	Number of people with illicit drug-related problems	Share of people with illicit drug-related problems
Prisoners	1654	503	30.4%
Misdemeanants	1534	102	6.6%
Remand prisoners	1103	306	27.7%
Juveniles (young offenders)	53	33	62.3%
Total	**4344**	**944**	**21.7%**

Source: Prison Administration of the RS, 2005

[50] Article 66 of the Penal Code of the RS defines compulsory treatment for alcohol- and drug-addicted people. According to this law, the Court may order the provision of obligatory medical treatment. This provision can be provided in the institution where the sentence is being served (uninterruptedly, in prison) or in a health institution, while in the case of a suspended sentence medical treatment can be given while a patient's movements are unrestricted. For alcohol-related problems, under Article 66 of the Penal Code of the RS compulsory treatment is performed in a formally specified health institution, while for illicit drug-related problems the competent institution has not yet been formally defined. Instead of this, people requiring compulsory treatment for an illicit drug addiction can be treated in the CTDA (inpatient treatment) (Pišec 2003).

In 2004, methadone substitution treatment continued to be performed by health services in prisons in cooperation with medical doctors (specialists) from regional CPTDA. Among 944 inmates who had problems with illicit drug use or were addicted to illicit drugs, methadone substitution was prescribed to 380 people (40.2%). 125 people were detoxified, maintenance methadone treatment was prescribed for 210 people and methadone was introduced to 45 people. Compared to 2003, the number of people receiving methadone increased by 13.7% (see Table 8.6).

Table 8.7 Number of imprisoned people receiving methadone therapy, Slovenia, 2000-2004

Number of people receiving methadone	**2000**	**2001**	**2002**	**2003**	**2004**
Remand prisoners	49	121	88	142	142
Prisoners	123	226	134	192	238
Total	**172**	**347**	**222**	**334**	**380**

Source: Prison Administration of the RS, 2005

General instructions for treating drug users in prisons in Slovenia *prepared by Andrej Kastelic*

Prisons are extremely high-risk environments for HIV transmission due to overcrowding, poor nutrition, limited access, continued illicit drug use ('hygienic relapse"), and unprotected sex. Recidivism among substance-abusing prisoners: between 70% and 98% of those who have been imprisoned for drug-related crimes and not treated during the course of their incarceration relapsed within a year following their release.

Newly updated guidelines for the treatment of drug users in prisons in Slovenia were jointly prepared by the Coordination of the CPTDA at the Ministry of Health and by the Association of Therapists at the Prison Administration of the RS at the Ministry of Justice in spring 2005.

Basic principles:

Health services for individuals in prisons or correctional institutions should be equivalent to those provided outside the correctional system. The professional independence of counsellors and therapists is very important. Close cooperation between professionals in prisons and those in communities must be established. Addicted individuals must have the option of treatment upon their entry to the prison system (i.e. harm-reduction programmes, substitution treatment, detoxification, drug-free treatment etc). They must have the option to be treated in community programmes. Effective treatment is based on the needs of prisoners; for timely entry, length and quality; the continuity of treatment provision in prison and, in particular, following their release.

If a patient is free of opiates then therapy with naltrexone can be started in prisons or before visits outside prisons or before release. It is very important to be aware that people are at an increased risk during the first few weeks following their release from prison. We do warn prisoners about their decreased tolerance for drugs before a flexible release or leaving prison and even motivate them to start substitution treatment before their release. Access to substitution treatment for all prisoners who are in need should be provided. Due to experiences of an immediate relapse after their release they should have the choice of either detoxification or maintenance. Every patient should know before they get any sort of treatment what their primary physicians' obligation is to the state, to the prison or to the prisoner. Although it is hard to secure anonymity and confidentiality within the prison context, attempts have been made to administer substitution drugs in a way that protects prisoners, either by putting all patients together in one wing or delivering substitution drugs discreetly along with other pharmaceuticals.

Social Costs

Health care costs, overall social costs, total consumption etc.

There are no data available on the social and economic costs of drug use in Slovenia. The expenditure of drug related demand reduction is presented in sections Budget and Public expenditure, medically assisted treatment and Social and Legal correlates and consequences.

9. Responses to social correlates and consequences

Overview summary of framework, strategies and interventions in relation to prevention of social consequences

Social reintegration *prepared by Marjeta Ferlan Istinič and Štefan Kociper*

The social assistance system comprises activities geared to enhanced social inclusion. The implementation of programmes addressing drug use is suitably adjusted to this end. All high-threshold programmes carried out in Slovenia include elements of reintegration, which means that the programme is partly aimed at detecting opportunities for participating and encouraging participation in daily activities. Some providers have designed a special part of the programme aimed at reintegration and targeting those users who have previously taken part in their programmes for stable abstinence. There is no special reintegration programme that is accessible to everyone, irrespective of prior treatment.

The social assistance services provided by the Centres for Social Work to individuals, families and groups in social hardship or difficulties represent an important part of the social reintegration process.

Housing

The existing programmes also include programmes that provide accommodation after intensive treatment has been completed. Such programmes are implemented by NGO *Društvo up* (the Hope Society) which has a residential facility. Additional facilities are planned for the future.

Education, training

The existing programmes include a network of programmes covering, among other things, education and training of people taking part in social reintegration. There is still no programme dedicated specifically to education and training.

Employment

There is no special employment programme for people in the process of social rehabilitation. However, drug users may participate in active employment policy programmes.

Prevention of drug-related crime

Assistance to drug users in prisons *prepared by Manca Drobne and Olga Perhavc Uršič*

According to the 2004 Annual Report of the Prison Administration of the RS, prisoners addicted to illicit drugs were treated according to the strategy for dealing with prisoners with drug problems (for details see the 2004 report).

In the prison units at Celje, Dob, Ig and Radeče drug-related treatment in the framework of a special ‘Drug-free unit’ programme was performed according to the plan. 34 imprisoned people gave up their drug use. The lack of capacity in these programmes limits unimpeded treatment, while it is impossible to divide active users or drug providers from non-drug users.

Abstinence crises of imprisoned people are dealt with in cooperation with specialists from the CPTDAs; in 2004 there were 150 such crises. Abstinence crises for remand prisoners were

in most cases resolved by prison ambulance units; in 5 cases inpatient treatment at the psychiatric hospital was necessary.

Counselling within the harm-reduction (low-threshold) programme was performed by the Stigma Association Ljubljana in two prisons (Ljubljana and Ig); twice a week in Ljubljana, and twice a month in Ig.

The preventive activities of the prison staff against the entrance of illicit drugs to prisons are the primary task of the prisons. Here, according to the data (see Table 9.1.) there is a growing trend (in 2001 there were 85 discoveries, in 2002 104 discoveries, in 2003 198 discoveries and in 2004 194 discoveries).

Table 9.1 Number of discoveries and quantity of drugs found by type, Slovenia, 2004

Type of Drug	Number of discoveries	Quantity of discoveries
Heroin	66	135.93 g
Cannabis	62	349.51g
Cocaine	7	14.95 g
Crack	1	1.5 g
Hashish	5	42.7 g
Methadone	2	40 ml
Tablets	42	827 pieces

Source: Prison Administration of the RS, 2005

Main results of new research, meta-analyses and evaluation

In 2004, Slovenia was one of ten countries from Central and Eastern Europe participating in the Study on Health Care Provision, Existing Drug Services and Strategies Operating in Prisons in Ten Countries from Central and Eastern Europe at the European Institute for Crime Prevention and Control, affiliated with the UN (HEUNI), Helsinki 2005 (for more information see http://www.heuni.fi/31011.htm).

Alternatives to Imprisonment Targeting Drug Using Offenders in Slovenia *prepared by Manca Drobne*

According to the EMCDDA's definition of the 'alternatives to imprisonment targeting drug using offenders' describing a concept which designates the measures and sanctions applying to drug users who have offences, which avoid, replace or complement imprisonment, so far Slovenia does not have the abovementioned provisions on alternatives nor has it implemented them within the legal system. With the adoption of the Resolution, which contains the national strategy, for the first time in Slovenia the field of alternatives targeting drug-using offenders is mentioned in the country's strategic document as one of the strategy's objectives.

Below we list some alternatives to imprisonment targeting drug-using offenders in Slovenia that are defined in resolution.

The possible interpretation of alternatives within the resolution are described in some of the human rights principles: 1) An alternative sentence for drug-using offenders should be specified in a law or other act, as well as the introduction of alternative procedures to replace the penal procedure; 2) the abovementioned principle provides the equal inclusion of drug-dependent people in systems of education, social, health and employment, as well as the equal and correct treatment of dependent people in the pre-trial stage, trial stage and when serving the sentence. In the general objectives of the national strategy the following

statements are found: 3) more specific legal options for alternative punishments of drug users should be defined, especially when small criminal offences are involved; 4) in the part on drug-supply reduction (penal policy) there should be faster procedures before institutions deciding on offences and criminal offences, especially when addiction to illicit drugs is the reason; the law should also be changed regarding the production of and trafficking in illicit drugs, the reasonableness and effectiveness of punishment for illicit drug possession when the person needs it for one-off personal use should be studied if other circumstances do not indicate misuse. For this, there is a need to include experts who should be active when a criminal offence is detected, to offer expert help. The Council for Drugs or the Health Council should nominate special programmes for the treatment of offenders who possess a smaller quantity of an illicit drug for one-off personal use. The responses and cooperation of the offender should be an important issue in front of the justice authorities, alternatives should also be considered and envisaged (administrative penalties); 5) for drug-using offenders inside prisons an alternative to serving the sentence should be provided in therapeutic communities and other forms of health treatment and social rehabilitation.

The only provision which can so far be interpreted as an alternative is part of the ZPPD which, in paragraph 3 of Article 33 states: 'In accordance with the provision of the Misdemeanours Act, people who commit the offence specified in the first paragraph of this article and who possess a smaller quantity of illicit drugs for one-off personal use and people who commit the offence specified in the preceding paragraph may be subject to more lenient punishment if they voluntarily enter the programme of treatment for illicit drug users or social security programmes approved by the Health Council or Council for Drugs'.

Data or other information on implementation of the provision of the abovementioned provision of paragraph 3 of Article 33 which the NIPH received from the Ministry of Justice, other authorities (all court levels) were included in data collection, but the final result on the topic was relatively poor. Data on implementation are mostly unavailable; the legal system lacks in transparency in this area. The data linked to drug-using offenders are not part of any special procedure in the court registers, in whose opinion, an extended study or research into court records should be conducted. The High Court of Justice in the capital city of Ljubljana, as an authority that moves illicit drug use offences to the second trial level, informed us there are no data available indicating that the authorities at the first trial level ever apply the preceding paragraph '…may be subject to more lenient punishment if they voluntarily enter the programme of treatment for illicit drug users or social security programmes approved by the Health Council or the Council for Drugs' to decisions in court.

The Ministry of Interior was also asked to provide data on implementation of the abovementioned article. In the opinion of a Ministry spokesperson, the part of the provision where the quantity of one-off personal use is defined is not transparent enough since no provision is specified in the legal system in the field of drugs for the quantity of an illicit drug to be specifically administered and to be adequate for this provision. Consequently, in the past decisions on offences were subject to the individual decisions of judges for misdemeanours and, since the court reorganisation, they have been subject to those courts where misdemeanours are today dealt with.

No data are available in relation to the above, there is especially a lack of data and general information on what happens in the pre-trial and trial stages with drug-using offenders.

In the system Slovenia implements within the Prison Administration, after the post-trial stage if a person is a drug user and imprisoned by a decision of the court then, according to the strategy dealing with drug-using prisoners, prisons should offer some alternatives. Alternatives to prison for drug users are provided in the framework of the Prison Administration such that people who are successful in their abstinence and willing to continue it then, during their prison sentence, they are allowed to stay outside of prison in

health care services (psychiatric hospitals, the CTDA Ljubljana, CPTDAs) or in the programmes of certain NGOs (the 'Up' Association, *Skupnost Srečanje*, *Karitas-Pelikan*, *Društvo Svit* etc.). 51 prisoners in 2004 decided on the abovementioned treatment.

According to the data, after serving their sentences, 84 imprisoned people continued treatment outside of prisons.

Other interventions for the prevention of drug-related crime (e.g. other alternatives to punishment, specifically for young offenders)

We do not have a specific policy or a document that identifies alternatives for juveniles, although we have provisions within the legal system (mainly in the Penal Code of the RS) that specifically target juveniles along with institutions under the powers targeting juveniles, where drug-using juvenile offenders are also treated.

Table 9.2 Criminal offences related to drugs involving juvenile suspects, Slovenia, 2003-2004

Criminal offence	**2001**	**2002**	**2003**	**2004**
Manufacture of and trafficking in illicit drugs	170	197	97	104

Source: Ministry of the Interior of the RS, Annual Police Reports (2001-2004)

According to the Penal Code (manufacture of and trafficking in illicit drugs), in 2001 there were 170 criminal offences related to drug use with juvenile suspects, in 2002 there were 197 such offences, in 2003 they decreased to 97 offences while in 2004 the number rose to 104 such criminal offences.

10. Drug Markets *prepared by Manca Drobne, Ljubo Pirkovič and Mercedes Lovrečič*

Overview summary on drug market

In 2004 the majority of seizures were made by the police, the highest number of seizures for particular drugs made by all law enforcement agencies remains the same compared to last year for herbal cannabis followed by heroin, cannabis plant, cocaine, cannabis resin and ecstasy-type substances. The highest average prices remains for a gram of cocaine powder followed by heroin, an LSD, cannabis resin for and cannabis on average.

Availability and supply

NO NEW INFORMATION AVAILABLE

Production, sources of supply and trafficking patterns within countries as well as from and towards other countries

NO NEW INFORMATION AVAILABLE

(for more information here please see the previous report)

Seizures

In the RS seizures of illicit drugs can be made by different authorities (police, customs etc.) with diverse powers. According to the ZPPD (Article 37) only the ministry competent for internal affairs, i.e. the Ministry of the Interior, is authorised to keep all seized illegal drugs in the RS. The Ministry of the Interior (the police) is also the only agency with the competence to analyse and measure seized illicit drugs.

Quantities and numbers of drug seizures

Table 10.1 shows seizures of illicit drugs in quantities made by all law enforcement agencies in Slovenia. Seizures of heroin (grams – 'g'), cocaine (g), amphetamines (g), pieces of cannabis plants and hashish, methamphetamine tablets, methadone tablets and methadone in ml, as well for benzodiazepines (tablets and in ml), grew in 2004 compared to 2003.

Decreases in 2004 in comparison with 2003 were reported in seizures of heroin in ml, amphetamine tablets, ecstasy (g) and tablets, cannabis plants in g, marijuana in g, and methadone in g.

Table 10.1 Seizures of illicit drugs in quantities made by all law enforcement agencies, Slovenia, 2003-2004

Type of Illicit Drug	Quantity unit	2003	2004
Heroin	g	89,031.5	144,343.4
	ml	354.6	327.8
Cocaine	g	1,661.0	106,699.0
Amphetamine	g	45.2	202.9
	tablets	218.0	2.0
Ecstasy	g	43.6	16.9
	tablets	2,831.2	874.0
Cannabis (plants)	g	44,604.9	22,391.3
	pieces	3,662.0	5,329.0
Cannabis (marijuana)	g	219,571.3	84,838.9
Cannabis resin (hashish)	g	588.7	8.093.9
Methamphetamine	g	18.2	529.2
	tablets	155.0	207.0
Methadone	g	226.0	0.4
	ml	2,903.8	4,121.4
	tablets	80.0	104.0
Benzodiazepines	Ml	0	24.0
	Tablets	145.0	1,620.0

Source: Ministry of Interior, 2005 Annual Police Report

In 2004 the majority of seizures were made by the police (see Table 10.2). The highest number of seizures for particular drugs made by all law enforcement agencies remains the same compared to last year for herbal cannabis (2,401 seizures); followed by heroin, cannabis plant, cocaine, cannabis resin and ecstasy-type substances.

Table 10.2 Number of seizures of illicit drugs made by different law enforcement agencies, Slovenia, 2004[51]

Law enforcement agency / Substance	Police	Customs	All law enforcement agencies
Cannabis resin	120	2	122
Herbal Cannabis	2396	5	2401
Cannabis plants	204	-	204
Heroin	477	1	478
Cocaine	143	2	145
Amphetamine	-	-	-
Methamphetamine	-	1	1
Ecstasy-type substance	65	-	65
LSD (dose)	1	-	1

Source: Ministry of the Interior, 2005

The Customs Administration of the RS records seizures of illicit drugs according to its competencies (for more information here please see the previous report). According to data reported by the Customs Administration of the RS seizures of marijuana fell from 2002 to 2004; compared to previous years the biggest seizure of cocaine was made in 2004; seizures of heroin vary between years, with a decrease in 2004.

[51] Data refer to Standard Table 13 reported by the Ministry of the Interior in 2005 and include data for all law enforcement agencies.

Price/Purity

Price of drugs at street level

Table 10.3 indicates the prices of some illicit drugs in euros at street level estimated by police sources through their monitoring system covering the national level on the basis of all seizure reports (user's report) made by the police. The highest average price remains for a gram of cocaine powder (€ 54.12), followed by heroin (€ 35.4) per gram, an LSD dose for € 10.6, cannabis resin for € 10.4 and cannabis herb for € 5.2 on average.

Table 10.3 Price in euros of some illicit drugs at street level, Slovenia, 2004

Substance	Min.	Max.	Average
Cannabis resin (g)	6.25	14.58	10.4
Cannabis herb (g)	2.1	8.33	5.2
Heroin (g)	25	45.8	35.4
Cocaine powder (g)	33.3	75	54.12
Amphetamine powder (g)	-	-	4
Ecstasy (tablet)	3	8.33	5.6
LSD (dose)	-	-	10.6

Source: Ministry of Interior of the RS, 2005

Note: - no data available

Purity at street level and composition of drugs/tablets

According to data from the Ministry of Interior and the Police Forensic Centre, the routine analysis done by the forensic laboratory from July to December 2004 covering the national level and taking a sample framework of all seizures with a sample amount above 0.1 g, an analysis of the purity of drugs at street level was done for brown heroin and cocaine (see Table 10.4).

Table 10.4 Purity at street level, Slovenia, 2004

Substance	Number	Min	Max	Average
Heroin brown	366	2.5%	31.5%	12.1%
Cocaine	144	10.4%	57.4%	36.7%

Source: Ministry of Interior of the RS, 2005

New developments and trends regarding the key topics

According to police observations and information, there is growing supply and demand for cocaine on the Slovenian illegal market. As well, the price of cocaine is decreasing; consequently, cocaine is becoming available to a wider population.

Part B

Selected Issues

Overview summary on Gender differences

The section on gender differences is mainly represented by studies and analysis of drug treatment demand data in public health services and non-treatment sources; as well data on mortality of drug users and clinical and socio-demographic characteristics of heroin users by gender are presented.

Research in the field of problem drug use revealed the higher prevalence of male drug users, with the average male/female ratio being 3:1. Analysed data on drug treatment demand from the NIPH database, which closely follows the health status of illicit drug users describing the characteristics of female drug users and the situation in Slovenia for the period 1991-2003, showed that on average females in Slovenia seek treatment for problem drug use at a younger age than their male counterparts, and they enter the treatment programme earlier than men (mean age of 21 years). Females are younger than males when they start using a primary drug or injecting a drug. Most female and male problem drug users in Slovenia enter treatment programmes because of an addiction to heroin as the primary drug, yet a growing number of women seeking treatment for cannabis abuse has been noted in recent years (Lovrečič et al. 2004b).

In recent years drug use in Slovenia has been on the rise. The most serious and dramatic consequence of drug use is acute drug-related death (due to intentional and non-intentional overdoses). The population most at risk here is younger male drug users who die frequently because of a combination of drugs. The most frequently used illicit drug is heroin. There is a growing interest in the problems of drug misuse, especially in fatal consequences.

No specific policy or action plan which would define gender differences in drug field is available in Slovenia. In the Resolution there is a statement regarding responses to women related to drug use in the following points: greater attention must be paid to programmes intended for female drug addicts; specially adapted programmes of fieldwork and programmes of informing about various risks, including prostitution and the risks to children during the pregnancy of an addicted mother, will be provided for that purpose in treatment programmes and social care programmes in Slovenia.

Overview summary on Official endorsement by the National Drug Strategy

Another of the **general aims** of the Resolution is to encourage preventive action in the area of drugs and various programmes for reducing the demand for drugs.

Several suggestions have been made by experts and politicians in the last few years to join all (licit and illicit) drugs together within a common drug policy, strategy or action plan, but to date they have not been successful. The intention of the OD was also to include alcohol and tobacco in the national programme in the area of drugs.

Overview summary on developments in drug use within recreational settings

Dance drug use is most prevalent at events featuring electronic and dance music. Data on the basis of observations in Slovenia show the biggest consumption of dance drugs is at hard techno parties, where a younger clientele is present. Also a trend where dance drugs are being used in a non-dance-party way of entertainment, such as bars and home parties, has been noticed.

11. Gender Differences

Consumption in the general population and by young people

For more information please see Chapter 2. Drug Use in the general Population.

Gender differences in 2003 ESPAD survey

In the 2003 ESPAD survey the response rate for boys was 88%, for girls 87.7%, and for all students 87.9% (see Table 11.1) (Stergar 2004).

Table 11.1 Sample size of the ESPAD 2003

School types	Number of Classes	Number of students		
		Boys	Girls	All
GRAMMAR SCHOOL	49	603	914	1,517
TECHNICAL	47	673	662	1,335
VOCATIONAL (3-YEAR)	44	745	372	1,117
VOCATIONAL (2.5-YEAR)	10	119	32	151
Totals	150	2,140	1,980	4,120

Source: 2004 Report on the Drug Situation of the RS, 2004

As for the use of all illicit drugs in a lifetime, 71.2% of student respondents said they had never used any of the listed substances, i.e. marijuana, amphetamines, LSD or other hallucinogenic drugs, crack, cocaine, heroin, ecstasy, or GHB. Using any of these illicit drugs once or twice was reported by 9.7%, and 3 to 5 times was reported by 4.8% of the respondents. 3.1% had used these substances 6 to 9 times, 2.3% 10 to 19 times, 2.3% 20 to 39 times in their lives, and 6.6% acknowledged the use of illicit drugs 40 times or more. The differences by gender were found to be significant at $p<0.06$ ($C=0.07$). A larger proportion of girls compared to boys said they had never used illicit drugs. Using sedatives not prescribed by a doctor was reported by 5.2% of the students (2.8% of boys and 7.6% of girls). A significantly higher proportion of boys has never used them in their lives (χ^2 was significant at $p<0.0001$; $C=0.11$). The responses for illicit drug use in the last 12 months showed that 77.1% of the respondents (75.9% of boys and 78.4% of girls) had not smoked marijuana/hashish in the last year. Among students who had used this drug, 35.6% had done so once to twice, 20% 3 to 5 times, and 10.4% 6 to 9 times, 10.7% 10 to 19 times, 7.1% 20 to 39 times, and 16.2% 40 times or more. The observed gender differences were not statistically significant. Tranquillisers or sedatives without a doctor's prescription were used by 3.4% of respondents (1.5% of boys and 5.3% of girls) during the past 12 months. Gender differences were statistically significant (χ^2 was significant at $p<0.0001$; $C=0.11$). Ecstasy was used by 2.2% of respondents – 1.6% of boys and 2.8% of girls – during the last year. Gender differences were statistically significant (χ^2 was significant at $p<0.02$; $C=0.04$). Any illicit drug use other than marijuana or hashish in the last 30 days was reported by 1.7% of respondents – 1.5% of boys and 1.9% of girls. Marijuana or hashish use in the last 30 days was reported by 13.8% of respondents. 86.2% (86.1% of boys and 86.2% of girls) had not smoked marijuana/hashish in the past 30 days. Among those who reported using marijuana/hashish, 43.8% had smoked the drug once or twice, 19.9% 3 to 5 times, 10.1% 6 to 9 times, 11.7% 10 to 19 times, 5.8% 20 to 39 times, and 8.8% 40 times or more. The responses of male students who used marijuana differed significantly from those of their female counterparts (χ^2 was significant at $p<0.0001$; $C=0.24$). Using marijuana on one or two occasions, or using it on 3 to 5 occasions, was reported by more girls than boys who answered that they had used marijuana in the last month. Boys more frequently gave responses indicating the frequent use of marijuana in the last 30 days (Stergar 2004).

Mortality of drug users in Slovenia by gender *prepared by Mercedes Lovrečič, Jožica Šelb Šemerl and Barbara Lovrečič*

In recent years drug use in Slovenia has been on the rise. The most serious and dramatic consequence of drug use is acute drug-related death (due to intentional and non-intentional overdoses). The population most at risk is younger male drug users who die frequently because of a combination of drugs. The most frequently used illicit drug is heroin. There is growing interest in the problems of drug misuse, especially in fatal consequences.

Figure 11.1 Deaths by year of birth and gender in 1997-2000

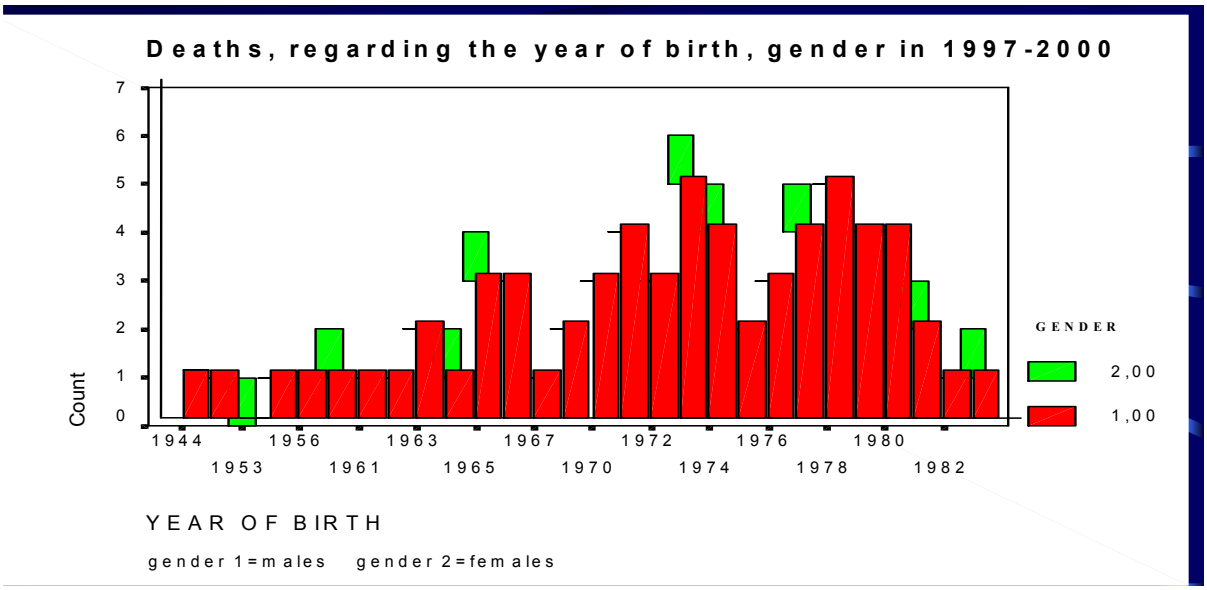
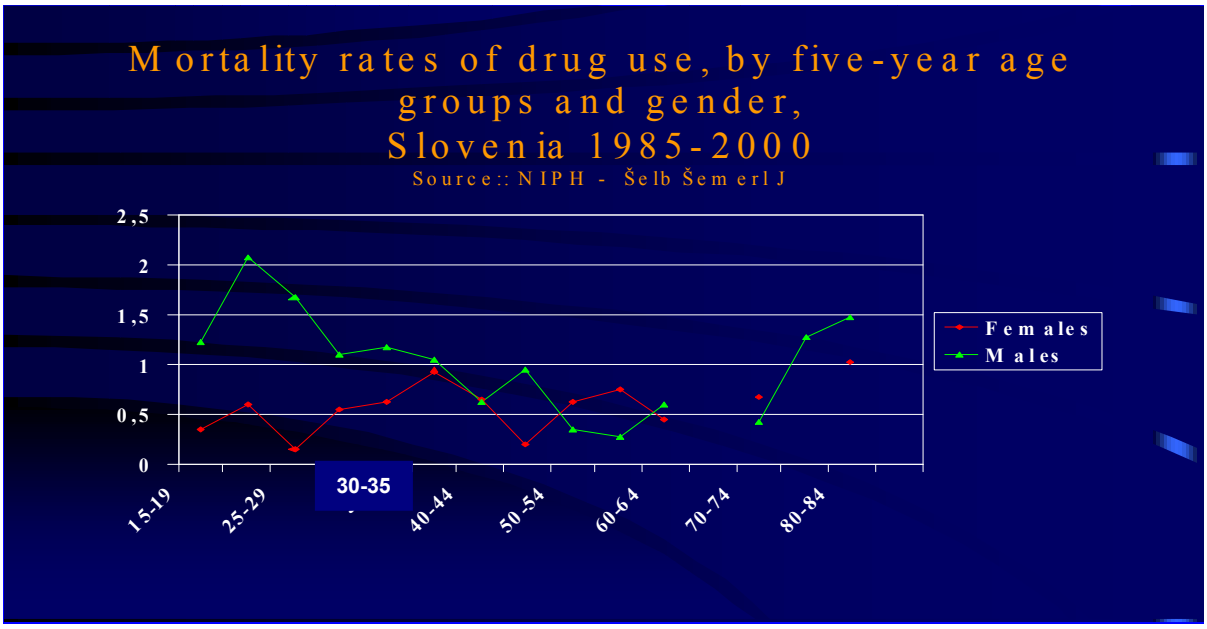


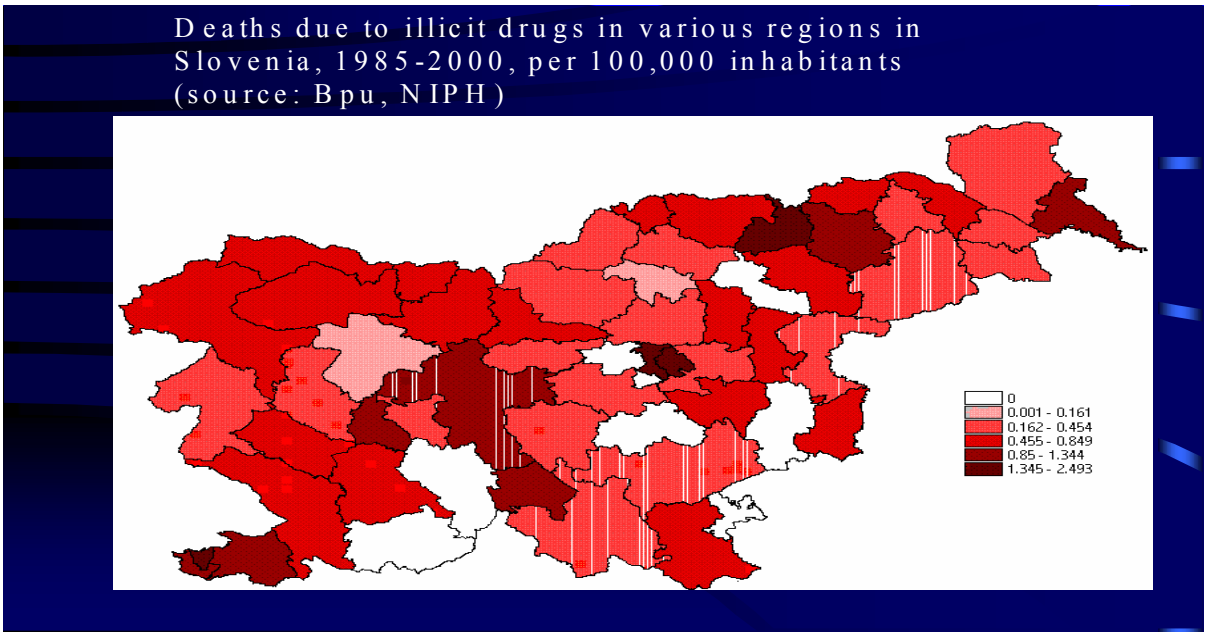
Figure 11.2 Mortality rates of drug use, by five-years age groups and gender, Slovenia, 1985-2000



The aim of this study is to describe the trend of mortality among drug users due to acute intoxication from (illicit) drugs over a period of 15 years, namely from 1985 to 2000. Data from the General Mortality Register of Slovenia were used and time trends for drug intoxication were calculated by gender and by regions. Age-adjusted mortality was also

calculated to adjust for migrations that took place upon the breaking up of ex-Yugoslavia in 1991.

Figure 11.3 Deaths due to illicit drugs in various regions in Slovenia, 1985-2000, per 100,000 inhabitants



Results

The mortality rate of drug use is increasing in both genders: in males it is higher and it is increasing faster than in females. In the age period from 15 to 49 years, higher mortality rates for overdoses have been shown for males than for females. The highest mortality rate due to drug use is in the young population (age range from 20-24 years for males, while in females the age ranges from 40-44 years), especially after 1997. In the period from 1997 to 2000 the most frequent time of the day of a drug-related death for both genders was 6 to 8 a.m., and 5 p.m. to 11 p.m., males more common than females and the most frequent months were September, November, and December. The most endangered population was drug users born between 1970 and 1980. The highest mortality rates were also observed in the Littoral region (bordering with Italy and Croatia), in Central Slovenia and in the north-eastern part of Slovenia. In urban regions and at home the most common cause of death was an overdose. The most frequent illicit drugs used in overdoses (intentional and non-intentional) were opioids and, among these, the most common is heroin, and to a lesser extent morphine and methadone.

Mortality overdoses show increasing trends and the results indicate that in Slovenia a preventive strategy works better in urban than in non-urban places. There are some parts in Slovenia where better preventive results have to be achieved and where there is a need for more specific attention, adequate preventive activities and a more effective strategy.

Figure 11.4 Mortality rates due to drug use in the entire population, by gender, Slovenia 1985-2000

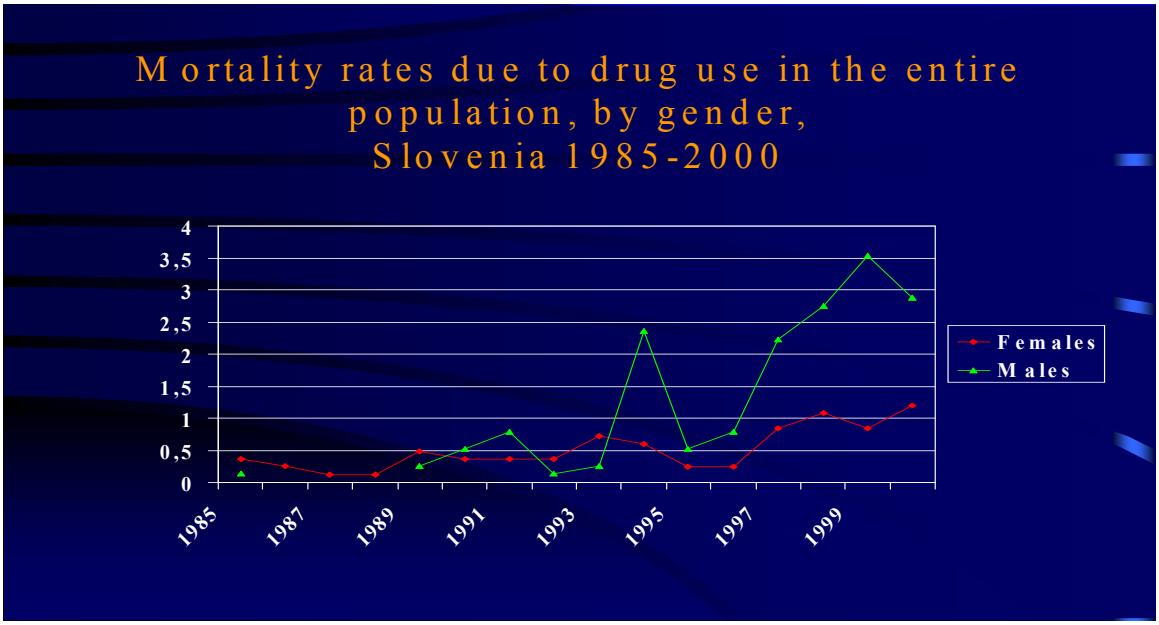
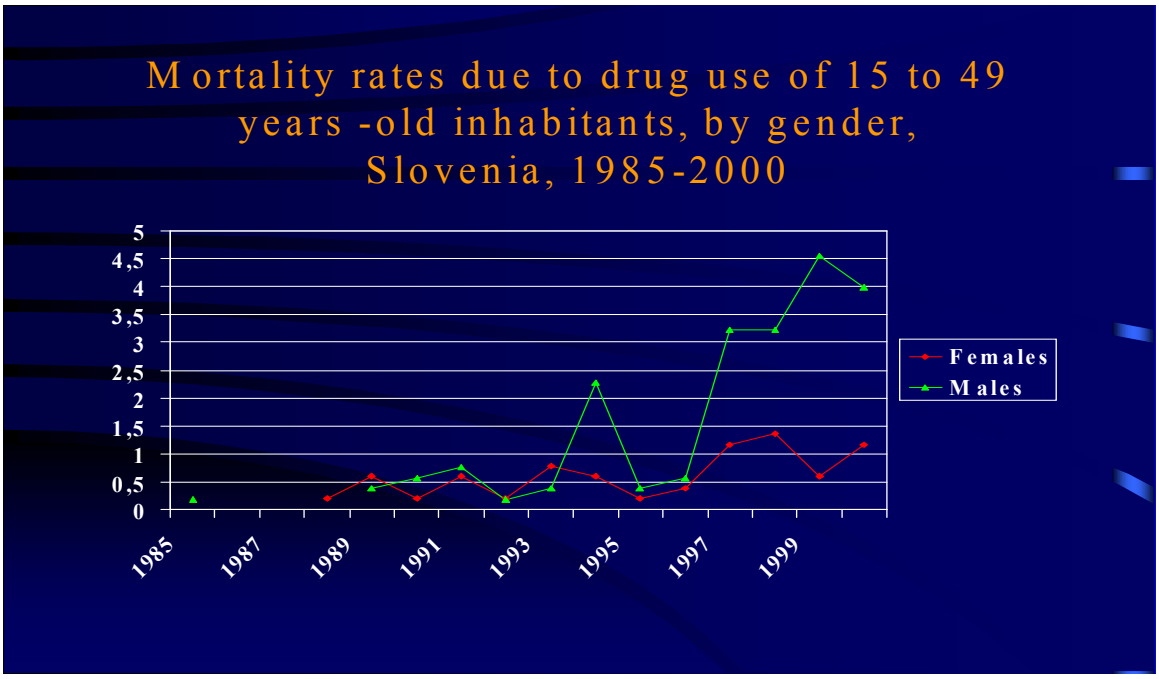


Figure 11.5 Mortality rates due to drug use of 15 to 49 year old inhabitants, by gender, Slovenia, 1985-2000

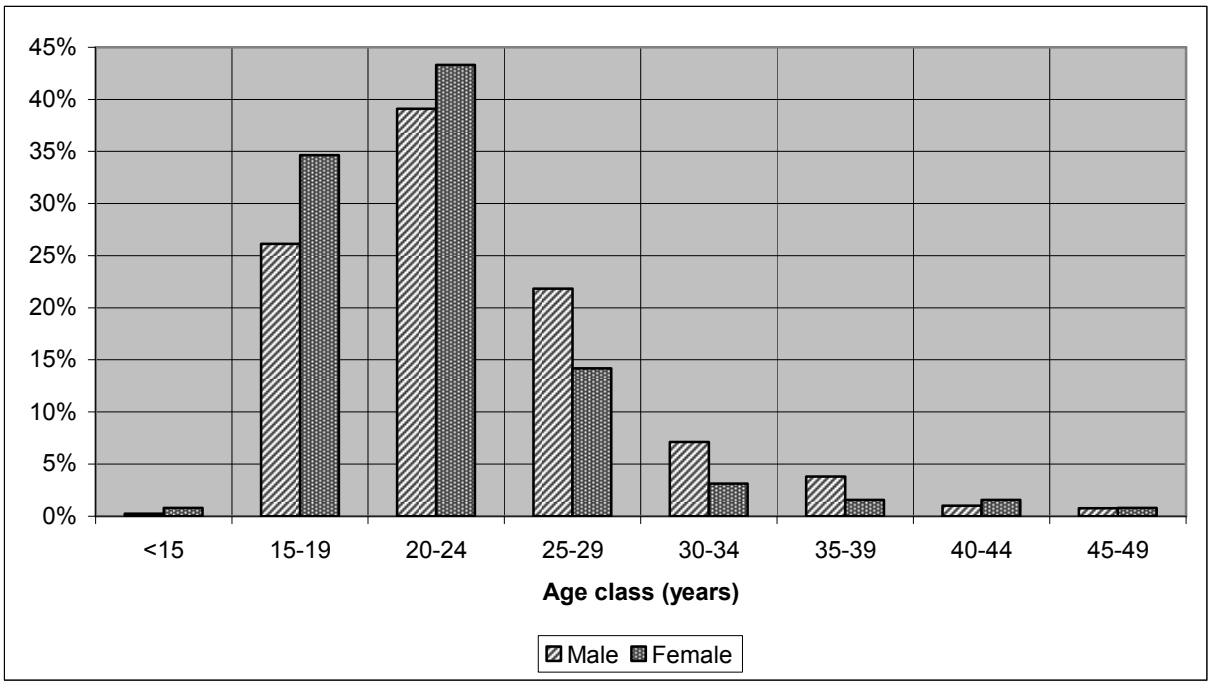


Gender differences and treatment demand data *prepared by Maja Sever and Mercedes Lovrečič*

Drug treatment demand indicator (TDI) data prepared in line with the EMCDDA standards are an important source for revealing the epidemiological situation of the prevalence and characteristics of problematic drug use in Slovenia. The TDI methodology involves first clients and repeatedly treated clients out of a treatment programme for more than three months (for more information here, please see the Treatment Demand Indicator (TDI) Standard Protocol). In this paper gender differences for first (FTD) and for TDI clients are examined.

In 2004, 521 drug users demanded treatment for the first time in their life and 1,113 clients were reported according to the TDI methodology. Most of them (approximately 40% – 45%) were aged between 20 and 24 years[52] (see Figures 11.1 and 11.2).

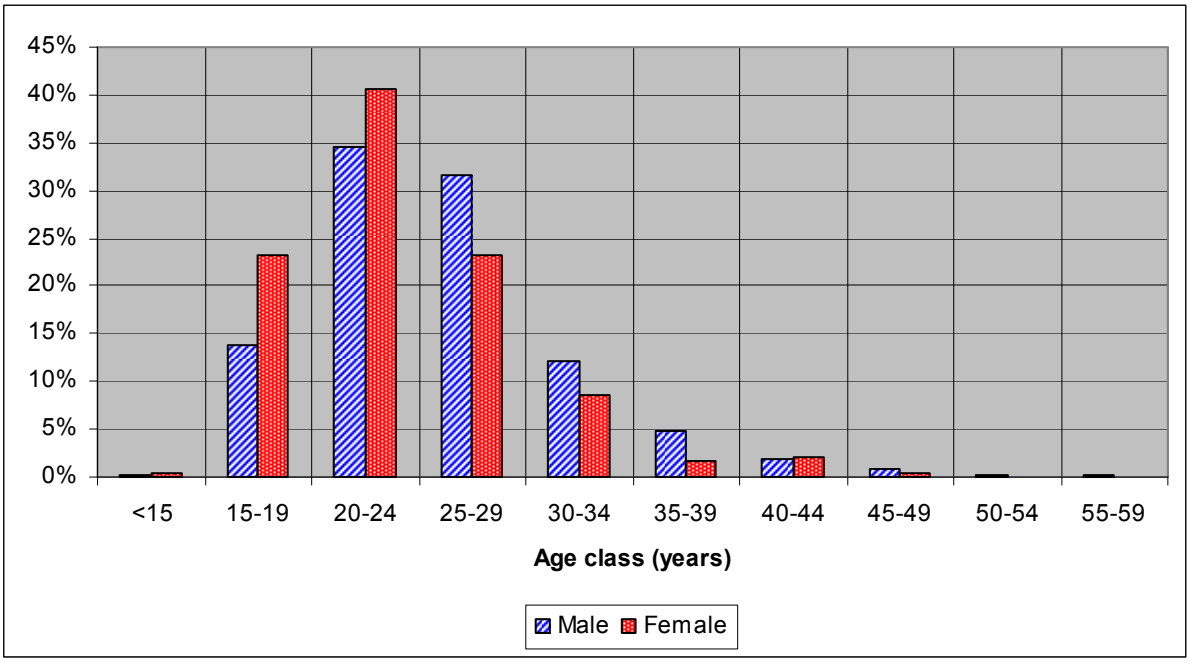
Figure 11.6 Age (years) distribution by gender (in %) – FTD admissions, Slovenia, 2004



Source: Institute of Public Health, 2005

[52] Percentage refers to FTD and to TDI data.

Figure 11.7 Age (years) distribution by gender (in %) – TDI admissions, Slovenia, 2004



Source: Institute of Public Health, 2005

According to independent samples t-test[53] results (see Table 11.2), we may conclude that there is a significant ($p<0.05$) difference between the average age at entering treatment for male and for female clients[54]. Consequently, we can deduce that female drug users are younger when they enter an (outpatient) treatment centre in comparison to males. On the other hand, there is no significant ($p>0.05$) gender difference between the average age at the first use of any drug.

Table 11.2 Different ages and gender – FTD and TDI admissions, Slovenia, 2004

	AGE AT ENTERING TREATMENT CENTRE (YEARS)		AGE AT FIRST USE OF PRIMARY DRUG (YEARS)		AGE AT FIRST USE OF ANY DRUG (YEARS)		AGE AT FIRST IV[55] USE (YEARS)	
	TDI	FTD	TDI	FTD	TDI	FTD	TDI	FTD
Male	25.50	23.48	18.90	18.94	15.92	15.95	20.37	20.77
Female	23.67	22.02	18.16	18.55	15.85	16.04	19.27	19.96
Valid N	1113	521	1113	521	1113	521	789	301
t-value	4.282	2.491	2.372	0.798	0.276	-0.251	2.860	1.263
p-value	0.000	0.013	0.018	0.425	0.783	0.802	0.004	0.208
CI_{lower}	0.995	0.307	0.127	-0.571	-0.394	-0.817	0.344	-0.454
CI_{upper}	2.679	2.600	1.342	1.352	0.523	0.632	1.851	2.079

Source: Institute of Public Health, 2005

A closer view at the social problem characteristics of drug users sharpens the profile of an average client demanding treatment due to drug problems. According to 2004 data (FTD and TDI) the majority of admissions involved unemployed[56] people with a low[57] education level. It

[53] Independent samples t-test is a test comparing the equality of means for two groups of cases. A low ($p<0.05$) significance value for the t-test indicates there is a significant difference between the two groups' means.
[54] The conclusion is based on FTD and TDI data.
[55] IV stands for intravenous use.
[56] Unemployed people refer to both unemployed people and people with occasional work.

is known that low education and unemployment status are usually highly correlated with a poor financial background, consequently often with living problems and criminal connections.

Table 11.3 Social problems and gender (in %) – FTD and TDI admissions, Slovenia, 2004

	TDI		FTD	
	male	female	male	female
Criminal past due to drugs	99.6	99.3	44.9	21.3
Homelessness (in last 30 days)	1.2	1.7	0.8	0.8
Unemployed	50.4	54.8	41.6	40.9
Basic level of education or less	26.4	35.6	46.6	42.4
Still at school	30.1	49.8	43.9	55.9

Source: Institute of Public Health, 2005

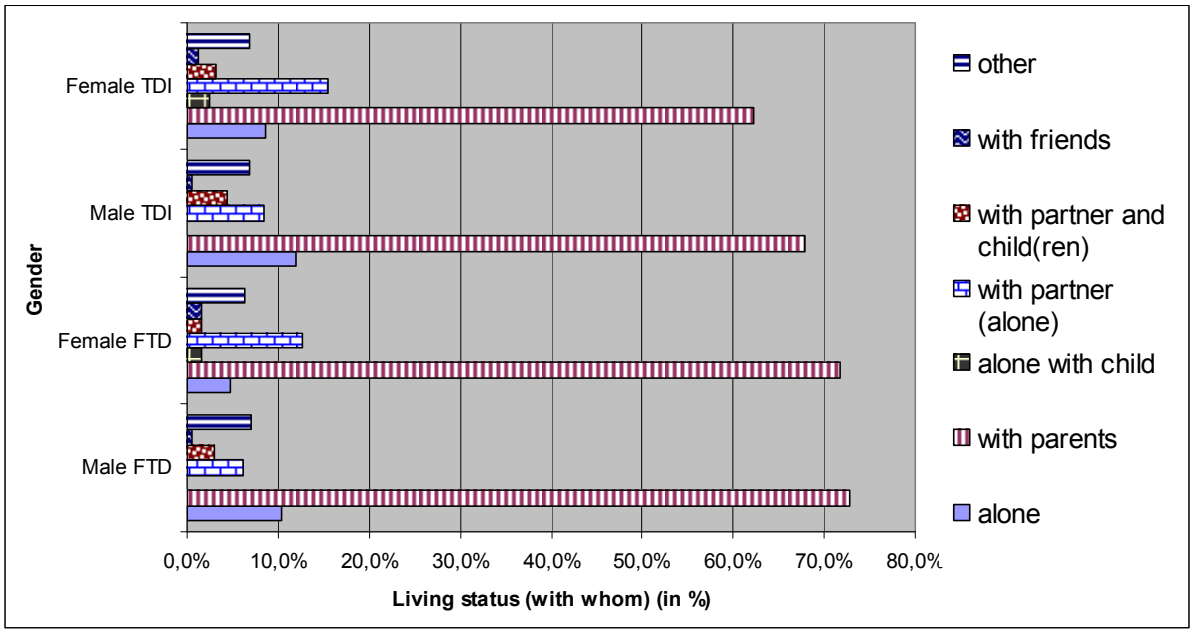
Table 11.3 below allows us to deduce that among first clients' males appear to be a socially more threatened group than females. The greatest distinctions are shown by the evidently higher proportion of male drug users having a criminal past due to drugs in comparison to females (44.9% vs. 21.3%). On the other hand, TDI data (including first and repeatedly treated clients) indicate the opposite findings, namely females are a more socially threatened group than males. The explanation for this conclusion lies in the fact that the TDI data, beside first clients, also incorporates repeatedly treated clients so we may therefore deduce that repeatedly treated clients have more social problems than clients demanding treatment for the first time in their lives.

In addition, it is necessary to emphasise that the 2004 data[58] show a higher proportion of female clients still at school than for male drug users. Further, homelessness did not prove to be one of the source problems since the percentage of homeless people is low irrespective of gender (approximately 1% to 2%).

However, a closer look at living status (with whom one lives) indicates different living patterns for male and female drug users. In general, clients living with parents prevail, still from Figure 11.8 we can summarise the following conclusions (for FTD and TDI): a higher percentage of living alone for male clients; a higher percentage of living alone with a partner for female clients and a higher percentage of living with friends for female clients.

[57] Low education level includes an incomplete or finished primary education.
[58] According to FTD and TDI data.

Figure 11.8 Living status (with whom one lives) and gender (in %) – FTD and TDI admissions, Slovenia, 2004



Source: Institute of Public Health, 2005

According to the 2004 data[59] (see Table 11.4 below) most admissions to outpatient treatment centres in Slovenia were due to heroin problems, followed by cannabis, cocaine, MDMA and other synthetic derivate problems irrespective of a client's gender. Almost one-fifth (19.8%) of male first clients sought help due to cannabis problems and 1.6% of female first client demanded treatment due to problems with MDMA (ecstasy) or other synthetic derivates.

Figure 11.9 reveals different types of drug user by gender and by type of treatment demand. The majority of first clients are mono-users (41.6% of males; 44.9% of females), followed by bi-users (36.5% of males; 31.5% of females). The TDI data reveals quite the opposite structure, more precisely the prevailing bi-type of users, followed by mono-users.

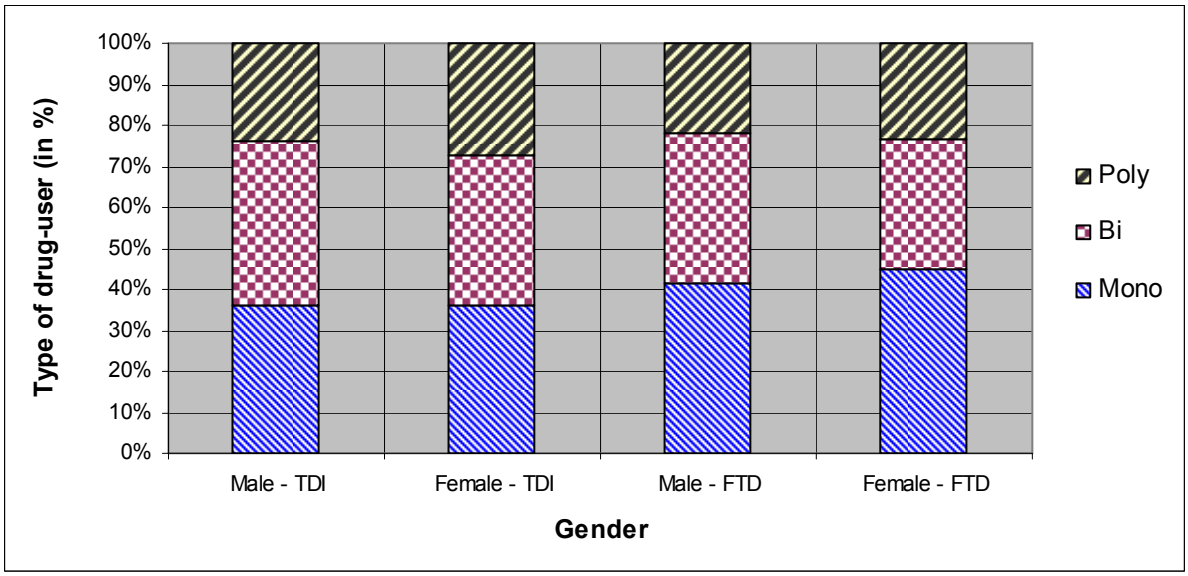
Table 11.4 Type of main drug and gender (in %) – FTD and TDI admissions, Slovenia, 2004

Type of main drug	TDI		FTD	
	male	female	male	female
Heroin	85.1%	82.1%	77.2%	78.7%
Methadone	0.3%	0.0%	0.5%	0.0%
Other opiates	0.1%	0.4%	0.0%	0.0%
Cocaine	1.3%	1.6%	1.0%	0.8%
Amphetamines	0.1%	0.4%	0.0%	0.8%
MDMA and other synthetic derivates	0.5%	0.8%	0.8%	1.6%
Benzodiazepines	0.3%	0.0%	0.5%	0.0%
Other hypnotics and sedatives	0.1%	0.0%	0.3%	0.0%
Cannabis	12.1%	14.6%	19.8%	18.1%

Source: Institute of Public Health, 2005

[59] According to FTD and TDI data.

Figure 11.9 Type of drug user and gender (in %) – FTD and TDI admissions, Slovenia, 2004



Source: Institute of Public Health, 2005

Based on the data presented in Table 11.5 we may conclude that among first and repeatedly treated clients intravenous use (injecting) prevails as the most frequently reported route of administration of a main drug (in the last month), since most clients demand treatment due to problems with heroin use.

Table 11.5 Route of administration of main drug and gender (in %) – FTD and TDI admissions, Slovenia, 2004

route of administering main drug	**TDI**		**FTD**	
	male	female	male	female
injecting	59.7	66.3	48.0	56.7
smoking/ inhaling	31.9	26.8	44.7	35.4
eating/ drinking	1.5	1.2	2.0	2.4
sniffing	6.8	5.7	5.3	5.5

Source: Institute of Public Health, 2005

Table 11.6 Frequency of main drug use (in the last month) and gender (in %) – FTD and TDI admissions, Slovenia, 2004

frequency	**TDI**		**FTD**	
	male	female	male	female
once a week or less	9.0	13.0	10.4	15.0
2- 6 days a week	19.0	18.7	23.6	22.8
everyday	49.9	47.6	55.8	55.1
not in the last month	22.0	20.7	10.2	7.1

Source: Institute of Public Health, 2005

Further, everyday users prevail irrespective of gender and type of admission.

Gender differences in non-treatment programmes *prepared by Ines Kvaternik Jenko and Maja Sever*

Since research in the field of problematic drug use revealed a higher prevalence of male drug users – the average male/female ratio is 3:1 (Lovrečič et al. 2004b) – we can assume that there are some significant differences between male and female drug users regarding social problems, drug use, frequency of drug use, and risk behaviour.

Independent samples t-test[60] results suggest there is a significant difference ($p<0.05$) between the average age at first use of any drug for males and females (males 13 years; females almost 16 years). Similar conclusions can be made for the average age at first use of alcohol ($p<0.05$) (males were almost 13-years old; females were 16-years old), however it must be emphasised that there is no significant difference between the average age at the first use of one's main[61] drug.

Social problems and gender

According to partial data[62] we can conclude that the majority (males 82.9%; females 81.0%) of clients seeking help in low-threshold programmes were unemployed or were occasionally working. Almost all registered male clients reported they had arranged basic social insurance (91.0%), while 95.0% of females reported they had basic social insurance. Among male drug users (69.4%) there is evidence of a higher percentage of those with a criminal past due to drugs in comparison to female drug users (57.1%). A closer view at some social characteristics of drug users seeking help in low-threshold programmes shows that male drug users mostly live with their parents (39.6%), alone (31.5%), while female drug users live alone with a partner (42.9%), alone (14.3%) or with friends (14.3%).

Table 11.7 Criminal past due to drugs, unemployed or occasional work, social insurance by gender (in %), Slovenia, 2004

	MALE	FEMALE
Criminal past due to drugs	69.4%	57.1%
Social insurance	91.0%	95.2%
Unemployment/Occasional work	82.9%	81.0%

Source: Institute of Public Health, 2005

The data presented in Table 11.7 allow us to conclude that male clients are more problematic: the data indicate a lower proportion of males who have settled their basic social insurance and evidently a higher percentage of them were already treated in the courts because of drugs.

Drug-related information and gender

According to data collected in the first six months of 2005, overpower admissions were due to heroin problems irrespective of gender (around four-fifths), followed by cannabis (males 8.1%; females 9.5%). It is interesting that 5.4% of male drug users reported (non-prescribed) methadone as their main drug problem.

[60] Independent samples t-test is a test that compares the equality of means for two groups of cases. A low significance value for the t-test (less than 0.05) indicates there is a significant difference between the two groups' means.
[61] Main drug refers to the drug due to which a client seeks help.
[62] At the beginning of 2005 IUID and NGOs in the field of drugs started the pilot project DUTE. In the abovementioned pilot project, twelve different (low- and high-threshold) NGOs participated and 11 of them sent data to the IUID. For more information here, please see the Chapter: Problem drug use in non-treatment sources.

Table 11.8 Type of main drug and gender (in %), Slovenia, 2004

	MALE	FEMALE
Heroin	82.0%	81.0%
Methadone (non-prescribed)	5.4%	-
Cocaine	3.6%	9.5%
Amphetamines	0.9%	-
Cannabis	8.1%	9.5%

Source: Institute of Public Health, 2005

Injecting as the principal route of administration of the main drug is highly evidenced (irrespective of gender). However, fewer males (73.9%) inject in comparison with females (90.5%). Something similar can be stated for the frequency of drug use in the last month: everyday users prevail, followed by two to six days per week users (males 22.5%; females 33.3%).

The predominant type of drug user is a poly drug user (males 28.8%; females 52.3%). Among male drug users prevails the bi-type user (45.9%), whilst for female drug users the poly-type prevails (52.3%).

Table 11.9 Type of drug user and gender (in %), Slovenia, 2004

	Mono	Bi	Poly
Male	25.22%	45.95%	28.82%
Female	14.28%	33.33%	52.38%

Source: Institute of Public Health, 2005

Risk behaviour and gender

The comparison between risk behaviour and gender shows that in the last month injecting prevailed, drug use in combination, unsafe sexual intercourse and sharing other equipment. It is interesting that an almost equal proportion of drug users (males 75.7%; females 81.0%) had been injecting drugs in the last 30 days. It is noteworthy that there is a difference between males and females when it comes to sharing needles as risk behaviour (males 7.2%; females 14.3%).

Table 11.10 Ranking of risky behaviour in the last 30 days (in %), Slovenia, 2004

	MALE	FEMALE
Injecting	75.7%	81.0%
Sharing needles	7.2%	14.3%
Sharing other equipment	22.5%	42.9%
Risky application	17.1%	19.0%
Overdose	2.7%	9.5%
Drug use combination	50.5%	52.4%
Unsafe sexual intercourse	32.4%	57.1%

Source: Institute of Public Health, 2005

The figures in Table 11.10 show that in general female drug users practice more risky behaviour than male drug users.

Main results from research studies on gender differences regarding the drug situation

Assessment and comparison of the clinical and socio-demographic characteristics of heroin users by gender *prepared by Barbara Lovrečič and Mercedes Lovrečič*

The prevalence of heroin use is higher among men than women and there are differences in clinical expression by gender. The first step in structuring an effective treatment for heroin addiction is the definition of a correct diagnosis and the assessment of the current clinical phase. Heroin addicts should also be evaluated in terms of case severity, chronicity, and psycho-social impairment.

The study sample consisted of 611 randomly chosen heroin users: 481 males (M), 130 females (F) who sought medical help for heroin-use problems in two outpatients CPTDA. The study was cross-sectional and data were investigated through semi-structured questionnaire (face-to-face) Rating Scale for Drug Addiction (RSDA) which investigates different sectors: somatic problems; mental symptoms; legal problems; used drugs; typology of heroin use; phase of heroin addiction; nosography; previous and actual treatment for heroin addiction (Maremmani 1989) The data were analysed with the Stata computer programme.

There were no statistically significant differences between F and M regarding their social relations, education, employment and somatic problems. F presented significantly more emotional symptoms like anxiety (p=0.027), mood symptoms (p=0.025), change of appetite (p=0.004) and autoaggressivity (p=0.006) than M (Table 11.6). M have statistically significantly been more frequently involved in drug-related criminal proceedings (p<0.001) and have more frequently already been sentenced (p=0.004) than F (Figure 11.7). F have abused statistically significantly less: illicit methadone (without a medical prescription) (p<0.001), depressors of CNS (p=0.018), anxiolytics (p=0.026), hypnotics (p=0.026), amphetamines (p<0.001) and classic hallucinogens-LSD (p=0.001) than males. F have significantly abused more new hallucinogens-ecstasy (MDMA) (p=0.029) than M (Table 11.7). F have statistically significantly used heroin less frequently than M (p=0.001). The modality of heroin use was dominantly for M: junkies (33.9%), followed by two-worlders (the most unpredictable with the phases of drug abstinence and phases of drug use) (30.9%), stables ((24.4%) and loners (heroin users who tend to be alone and usually have another mental disorder) (10.8%); for F: two-worlders (43.2%), followed by stables (27%), junkies (18%) and loners (11.7%) (Figure11.8). In F the reactive and metabolic type (with the regular heroin use for more than two-three years) of heroin use has been predominant (both 44.5%), while in M the metabolic type of addiction has been predominant (68.9%) (Figure11.9). 58.6% of all heroin addicts were HIV negative, but there was no data on the HIV status for 40.9% of all heroin addicts (without statistically significant differences between F and M). There were no statistically significant differences in previous treatments between F and M except for short-term detoxification with an agonist: M have been more frequently treated with short-term detoxification with an agonist (p=0.023) than F. Regarding actual treatment, there were no differences between the two groups at the moment of entering the programme except for psychotherapy: F have been more frequently treated with psychotherapy (p=0.025) than M.

F has less frequent problems with the law, they also abuse less PAS than M and F also used heroin less frequently. In F a reactive addiction compared to M is more frequent, but in both genders there is a predominant metabolic addiction. Instead of these differences, F statistically significantly more frequently has additional emotional problems which also influence the type of therapy.

It is necessary to adapt intervention to the clinical phase of one's illness, not only to treat the actual clinical condition but also to prevent the development of more serious phases and their consequences.

Table 11.11 Differences regarding emotional symptoms by gender (N=611)

	Males (n=481)	Females (n=130)		
Emotional symptoms:	N (%)	N (%)	F/Chi	p
Insight	26 (5.4%)	3 (2.3%)	2.45	0.29
Consciousness	20 (4.2%)	5 (3.9%)	1.07	0.58
Impaired memory	38 (7.9%)	7 (5.4%)	0.97	0.61
Anxiety	89 (18.6%)	38 (29.5%)	7.23	0.02
Mood symptoms	140 (29.3%)	54 (41.9%)	7.41	0.02
Insomnia	146 (30.6%)	44 (34.1%)	0.58	0.74
Change of appetite	61 (12.8%)	32 (24.8%)	11.29	0.004
Aggressivity	189 (39.5%)	57 (44.2%)	0.94	0.62
Heteroaggressivity	174 (36.4%)	42 (32.5%)	0.68	0.70
Autoaggressivity	73 (15.3%)	37 (28.7%)	12.54	0.006
Delusions	21 (4.4%)	11 (8.5%)	3.75	0.15
Hallucinations	25 (5.2%)	12 (9.3%)	3.19	0.20

Source: Lovrečič, CPTDA

Figure 11.10 Drug-related legal problems by gender (N=611)

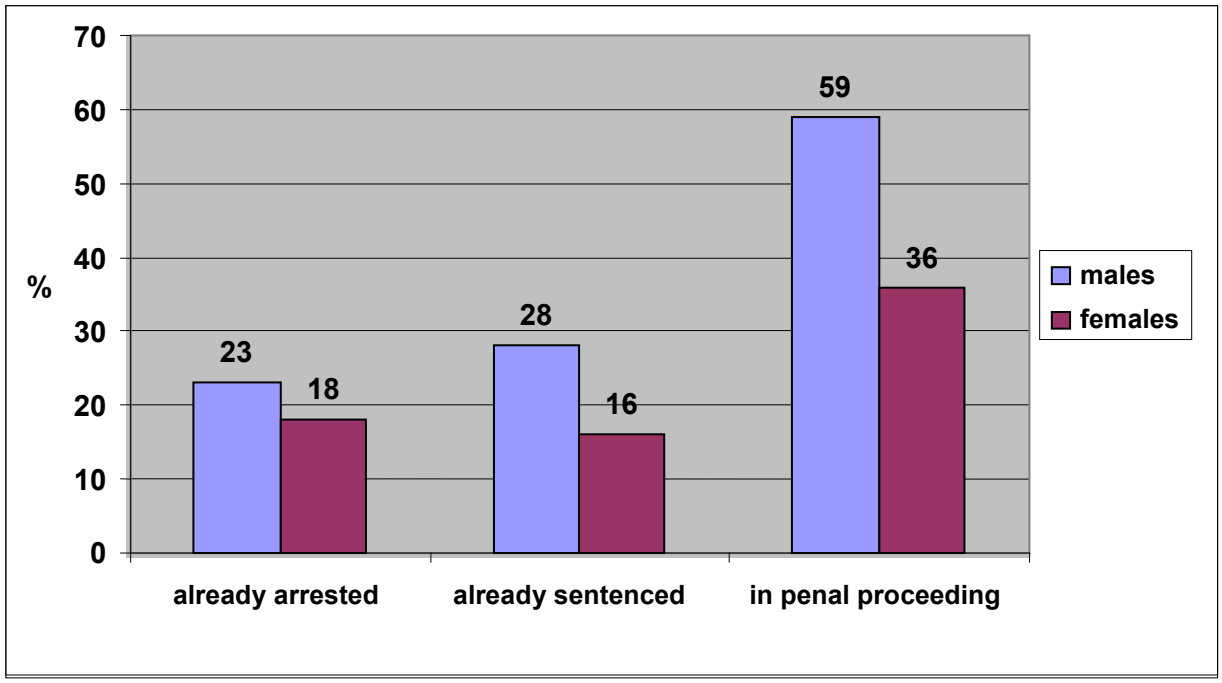


Table 11.12 Abuse of psychoactive substances (PAS) by gender (N=611)

	Males (n=481)	Females (n=130)		
PAS	**N (%)**	**N (%)**	**F/Chi**	**p**
Alcohol	466 (97.5%)	122 (94.6%)	2.87	0.23
Opioids	476 (99.2%)	130 (100%)	1.36	0.50
Morphine	4 (0.8%)	3 (2.3%)	2.19	0.33
Heroin	473(99.2%)	129 (99.2%)	1.09	0.57
Illicit methadone	445 (93.5%)	101 (79.5%)	23.93	0.000
Depressors CNS	415 (87.2%)	99 (77.9%)	8.01	0.01
Anaesthetics	8 (1.7%)	2 (1.6%)	0.72	0.69
Sedatives	33 (7.0%)	13 (10.3%)	2.61	0.27
Anxiolytics	416 (87.4%)	100 (78.7%)	7.31	0.02
Hypnotics	193 (40.8%)	36 (28.6%)	7.31	0.02
Stimulants	364 (84.6%)	102 (82.9%)	3.46	0.17
Amphetamines	145 (34.1%)	20 (16.5%)	16.62	0.000
Cocaine	362(84.2%)	101 (81.4%)	4.88	0.08
Dopaminergics	21 (4.4%)	4 (3.2%)	2.16	0.33
Hallucinogens	356 (84.8%)	100 (83.3)	2.63	0.26
Classic halluc. LSD	320 (76.5%)	73 (60.8%)	14.95	0.001
MDMA	257 (61.6%)	85 (70.2%)	7.09	0.02
Cannabinoids	472 (99.4%)	127 (98.4%)	6.37	0.09
Gas, solvents	79 (17.1%)	17 (13.6%)	0.88	0.64

Source: *Lovrecic, CPTDA*

Figure 11.11 Modality of heroin use by gender (N=611)

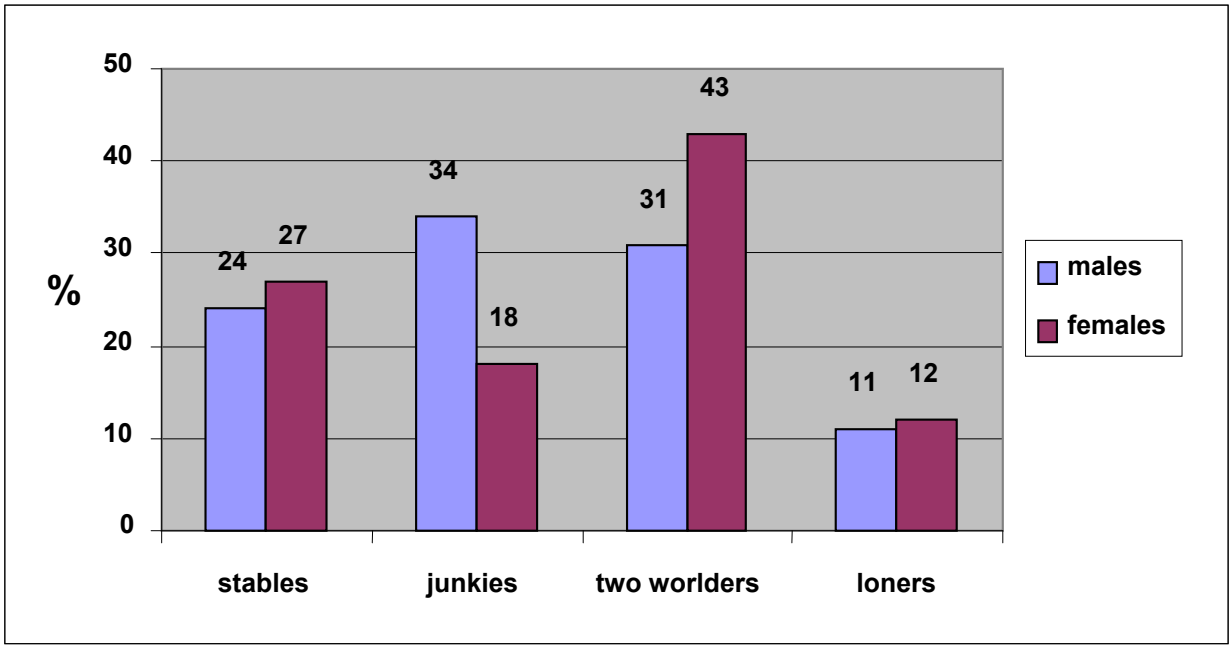
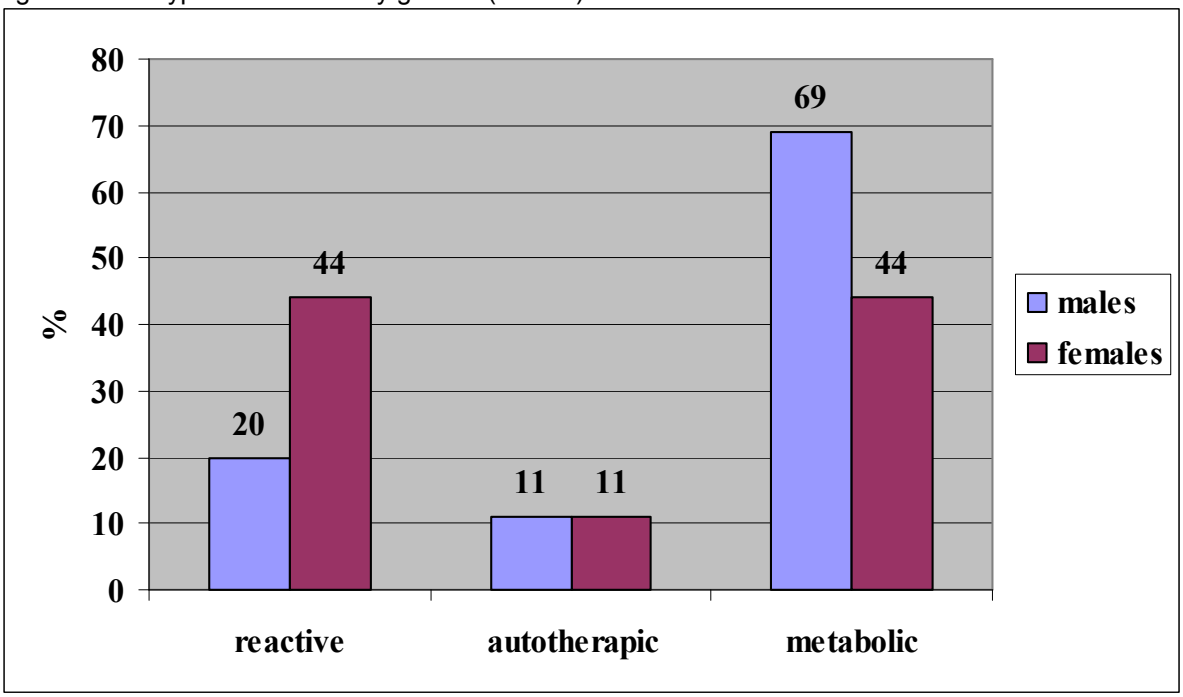


Figure 11.12 Type of addiction by gender (N=611)



12. European drug policies: extended beyond illicit drugs

Official endorsement by the National Drug Strategy prepared by Matej Košir

Another of the **general aims** of the Resolution on the National Programme of Slovenia in the area of drugs for the period 2004-2009 is to encourage preventive action in the area of drugs and various programmes of reducing the demand for drugs and, at the same time, to take into account preventive activities as an integral approach, which also includes the simultaneous implementation of measures for preventing the use of alcohol and tobacco in order to reduce the number of new users of drugs among the younger generation, prevent first contact with drugs and raise the age boundary of the first contact.

Licit drugs are also mentioned in the chapter on preventive activities in **education**. The field of education has a very important role in connection with prevention. Preventive activities here must focus on risky behaviour and addiction in general, including the use and abuse of alcohol, medicines, stimulants in sport, and tobacco. Preventive programmes for preventing the use of drugs in the **workplace** must also be developed, concerning both legal and illicit drugs.

There are also specific laws adopted by the National Assembly on the reduction of **alcohol** (2003) and **tobacco products** use (1996, changes 2002/2003).

Genesis and rationale

There have been several suggestions made by experts and politicians in the last few years to join all (licit and illicit) drugs together in a common drug policy, strategy or action plan, but so far they have not been successful. The intention of the OD was also to include alcohol and tobacco in the national programme in the area of drugs.

Responsibility and competencies (coordination)

The Ministry of Health is fully responsible and competent for illicit drugs, alcohol and tobacco policy. There is a special professional body (OD) responsible for coordination in the field of illicit drugs. The office is part of the Ministry of Health and is directly responsible to the Minister. The Government Commission on Drugs was established in 1999, but only for coordination in the field of illicit drugs. The Directorate for Public Health within the Ministry of Health has the responsibility and competencies for coordination in the area of alcohol and tobacco.

13. Developments in drug use within recreational settings *prepared by Mina Krajnc*

New findings about trends in drug use, patterns of consumption and availability within recreational settings

The DrogArt – Association for dance drugs harm-reduction is currently working on a second national research into the use of dance drugs among Slovenian party-goers. The results will be available at the end of the year.

Dance-drug use is most prevalent at events featuring electronic and dance music. We observe the biggest consumption of dance drugs at hard techno parties, where we also observe a younger clientele. We also see a trend that dance drug use is also spreading to include a non-dance-party way of entertainment, such as bars and home parties.

We will be able to give more detailed information about this topic when the current research is finished. We will compare the results of this research with the research done in 2001 that covered the same topic.

There are no reliable data on which we can draw these conclusions.

In 2004 there was only one ecstasy-related death in Slovenia due to a brain oedema. In 2005 there was a cocaine-related death due to heart failure. By observation we would emphasise that there has been a rise in cocaine consumption and amphetamine consumption in Slovenia among party-goers, but we will be able to confirm this after the current research finishes. We also observe the big consumption of alcohol among Slovenian party-goers.

There is still a need for the further education of hospital staff regarding medical emergencies connected with dance drug use which are very specific and must be taken into consideration.

In 2004 DrogArt started with educational seminars for doctors on the topic of dance drugs. Four training sessions in different regional hospitals were given in Slovenia. The seminars were organised by DrogArt (NGO) with cooperation from the Centre for Intoxication and the Institute of Forensic Medicine. In 2005 we are continuing with such education sessions in other Slovenian hospitals.

This approach is receiving very good feedback and results in the improvement of the knowledge of doctors and establishing of better connections between the health professionals and NGOs who have direct contact with users.

The NGO DrogArt forms part of a group that is establishing national regulations and settings for the organisation of dance drug events.

Part C

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LIST OF ABBREVIATIONS

97

AIDS	Acquired Immunodeficiency Syndrome
BpU	General Mortality Register/Baza podatkov umrlih
anti HBc	antibodies against hepatitis B virus
anti HCV	antibodies against hepatitis C virus
CNS	Central Nervous System
CPTDA	Centre(s) for Prevention and Treatment of Illegal Drug Addiction
CRC	Capture Recapture method
CRP	Ciljni raziskovalni program/ “research aim program”
CSD	Social Work Centres
CTDA	Centre for treatment of Drug Addicts at the Psychiatric Clinic Ljubljana
CTG	Cardiotocography
DRD	Drug related deaths
DTDI	Drug Treatment Demand Indicator
DUTE	Drug Users Treatment Evidence
ED	Emergency Department
EDDRA	Exchange on Drug Demand Reduction Action
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESPAD	European School Project on Alcohol and Drugs
EU	European Union
EWS	Early Warning System on new synthetic drugs
F	female
FTD	First Treatment Demand
g	gram
GHB	Gamma-hydroxydbutyric acid
GMR	General Mortality Register
GPO	General Police Office
HBSC	Health Behaviour in School aged Children
HBV	Hepatitis B Virus
HC	Health Centres

HIV	Human Immunodeficiency Virus
IDU	Intravenous Drug Use
IUID	Information Unit for Illicit Drugs
IFM	Institute of Forensic Medicine – Toxicology Department
LAG	Local Action Group(s)
LRTS	Law on Traffic Road Safety
M	male
MAT	Market share
MDMA	3,4-methylenedioxymethamphetamine
NFP	National Focal Point
NIPH	Institute of Public Health of the Republic of Slovenia
NGO	Non Governmental Organisation(s)
OD	Office for Drugs
PAS	Psychoactive Substances
PG	Pompidou Group of the Council of Europe
PUM	Project Learning for young adults
RS	Republic of Slovenia
RSDA	Rating Scale for Drug Addiction
SEEA	South Eastern Adriatic Addiction Network
SIADH	Syndrome of inappropriate antidiuretic hormone
SOUNDEX	Special system code used for data collection data base DUTE
TDI	Treatment Demand Indicator
TOM	NGO “Children and Youth telephone helpline” Ljubljana
UN	United nations
ZPPPD	Production of and Trade in Illicit Drugs Act
ZPSPD	Precursors for Illicit Drugs Act
ZPUPD	Prevention of the Use of Illicit Drugs and Dealing with Consumers of Illicit Drugs Act
2CB-Nexus	2CB-Nexus 2,5-dimetoksi-4-bromofenetilamin

Table 1 Adopted legislation on drugs in Slovenia

Adopted acts/regulations ***Adopted amendments***	**Abbrev.**	**Year of adoption**
Production of and Trade in Illicit Drugs Act		1978
Act Amending the Production of and Trade in Illicit Drugs Act		1985
Production of and Trade in Illicit Drugs Act	ZPPPD	12/1999
Act Amending the Production of and Trade in Illicit Drugs Act	ZPPPD-A	5/2000
Precursors for Illicit Drugs Act	ZPSPD	3/2000
Act Amending the Precursors for Illicit Drugs Act	ZPSPD-A	7/2003
Prevention of the Use of Illicit Drugs and Dealing with Consumers of Illicit Drugs Act	ZPUPD	12/1999
Penal Code (Arts. 66, 196, 197; Mandatory Treatment of Alcoholics and Addicts; Unlawful Manufacture of and Trafficking in Illicit Drugs)	KZ	9/1994
Resolution on the National Programme in the Field of Drugs 2004-2009	ReNPPD	3/2004
Regulation on the Production of Hemp (Cannabis sativa L.)		5/1999
Provision on the List of Illicit Drugs		1/1998
Provision Amending the Provision on the List of Illicit Drugs		10/1998 10/1999
Corrigendum to the Provision on the List of Illicit Drugs		3/2000
Regulation of the Classification of Illicit Drugs		6/2000
Corrigendum to the Regulation of the Classification of Illicit Drugs		2/2001
Regulation Amending the Regulation of the Classification of Illicit Drugs		6/2001 9/2002 5/2004
Decision on the Organisation and Field of Work of the Office of the Government of the Republic of Slovenia for Drugs		8/1998
Decision Annulling the Decision on the Organising and Field of Work of the Office of the Government of the Republic of Slovenia for Drugs		3/2004
Decision on the Establishment of the Commission of the Government of the Republic of Slovenia for Drugs		8/1998
Decision Amending the Decision on the Establishment of the Commission of the Government of the Republic of Slovenia for Drugs		8/1999
Rules on the Composition and Working Principles of the Coordination of the Centres for the Prevention and Treatment of Addiction to Illicit Drugs		5/2000

Rules on the Implementation of Control of the Operation of the Centres for the Prevention and Treatment of Addiction to Illicit Drugs	5/2000
Decision on the Organisation of the Information Unit for Illicit Drugs	3/2001

previous legislation ***valid* legislation**