European Monitoring Centre
for Drugs and Drug Addiction

2008 NATIONAL REPORT (2007 data) TO THE EMCDDA
by the Reitox National Focal Point

"SLOVENIA"
New Development, Trends and In-depth Information on Selected Issues

REITOX

INSTITUTE OF PUBLIC HEALTH OF THE REPUBLIC OF SLOVENIA

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Introduction

The Slovenian Focal Point on Drugs is based at the Information Unit for Illicit Drugs at the National Institute of Public Health of the Republic of Slovenia (NIPH). It is the national partner of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and provides comprehensive information to the EMCDDA on the drug situation in Slovenia.

A national report on the drug situation in Slovenia is drawn up annually with the structure of the report being provided by the European Monitoring Centre for Drugs and Drug Addiction ('EMCDDA') so as to facilitate comparisons with similar reports produced by other European Focal Points.

This is the eithth time the National Focal Point (NFP) at the NIPH has delivered its Annual Report on the Drug Situation. This report provides an overview of the political and legal framework, demand and supply reduction interventions and comprises qualitative and quantitative data and other information relevant to the field of drugs in Slovenia from 2007 and for the first half of 2008. Ten chapters cover the same subjects each year, while chapter on selected issues change every year, in this report, the theme on Sentencing statistics has been selected for detailed presentation. Each of the first ten chapters begins with on Overview. This sets the context for the remainder of the chapter, describing the main features of the topic under consideration within the Slovenia. This may include information about the main legislative and organisational frameworks, sources of data and definitions used, the broad picture shown by the data and recent trends.

This report (along with other national reports and statistical tables provided by other European Focal Points) will be used for compiling the EMCDDA's annual report on the drug situation in the European Union and Norway, which will be published in 2009.

In addition to this annual report, the NFP collates an extensive range of data in the form of standard tables and responses to structured questionnaires, which are submitted regularly to the EMCDDA. The NFP also contributes to other elements of the EMCDDA's work such as the development and implementation of its five key epidemiological indicators, the Exchange on Drug Demand Reduction Action (EDDRA) and the implementation of the Council Decision on New Psychoactive Substances.

The website of the Information Unit for Illicit Drugs is available at the homepage of the Institute of Public Health of the Republic of Slovenia found at http://www.ivz.si/.

The website of the Information Unit for Illicit Drugs is available at the homepage of the NIPH found at www.ivz.si

The EMCDDA's website is www.emcdda.europa.eu

Mercedes Lovrečič

Summary

In 2008 Slovenia entered in Shengen system. During the Slovenian Presidency of the Council of EU in the first half of 2008 the Ministry of Health leaded the EU Council's Horizontal Working Party on Drugs (HDG) which is the main technical and policy forum to facilitate joint efforts of Member States and the Commission. In that period six monthly meetings were organised in Brussels. There were several meetings organised with third countries, especially those from Latin America and Caribbean (LAC), Western Balkans, USA, Afghanistan and Ukraine. The meeting of national drug coordinators was organised too.

During the Slovenia's Presidency of the EU the Hofburg declaration was adopted in Vienna in March 2008 with conclusions of the Xth High-Level meeting of the Coordination and Cooperation Mechanism on Drugs between the European Union and Latin America and the Caribbean. The declaration presents a basic annual framework for cooperation between the European Union and Latin America and Caribbean in the field of illicit drug trafficking. Slovenia organised several expert meetings in purpose to make uniform statement of the Member States towards UNGASS process in the field of illicit drugs. The European Commission continued the preparation of The Final evaluation of the EU drugs action plan 2005-2008.

In June 2008 the National Assembly adopted a new Criminal Code (it will be effective as from 1st of November 2008). In April 2008 the National Assembly adopted some changes to the Law on the Road Safety and the penalties for driving under the influence of illicit drugs were increased significantly (from about 500 to 950 EUR).

A regulation on the mode of dealing with seized and dispossessed illicit drugs was adopted by the Government in June 2007. On the basis of the Production of and Trade in Illicit Drugs Act the Ministry of Health adopted a regulation on technical and sanitary conditions and the method of protecting premises in which illicit drugs are kept, which came into force in January 2008. The regulation must be implemented by all legal entities and individuals dealing with the wholesale trade of illicit drugs.

A new illicit drug was scheduled on the list of illicit drugs in December 2007. It is Oripavine (3-O-demethyl-thebaine). It was scheduled in Group I, which means that it is classified as a substance which is very dangerous to human health due to the serious consequences which can be caused by its abuse, and which is not used in medicine.

The Government adopted a regulation on implementation of EC regulations on illicit drug precursors in September 2005 which led to the Illicit Drug Precursors Act ceasing to be in force after July 2007. In April 2006 a regulation on forms for the implementation of EC regulations on illicit drug precursors was adopted.

Although Slovenia still does not have a survey on drug use in the general population, in the last year and a half two surveys regarding drug use in the population were carried out in: a telephone survey on the extent of exposure to tobacco smoke and smoking habits among the adult population of Slovenia in 2008 and the Slovenian ESPAD in 2007.

The telephone survey on the extent of exposure to tobacco smoke and smoking habits among the adult population of Slovenia revealed that 17.1% are smokers, both regular and occasional. The share of smokers among adult men was 19.5% and among adult women 13%. In 2008 the share of adult smokers decreased compared to 2006 (22.8% of smokers). Part of this decrease can be attributed to the introduction of a smoking ban in all enclosed working and public places in Slovenia.

According to the Slovenian ESPAD 2007 data, less than a quarter (23.2%) of Slovenian secondary school students, aged 15 - 16 years, have tried any illicit drug at least once. There is a weak relationship between gender and drug use: girls are more frequently non-users than boys.

The majority of use of any illicit drug involves marijuana use. Namely, 22% of respondents answered that they have already used cannabis in their lifetime. Use during one's lifetime of inhalants was reported by 15.9% of the surveyed students, the use of sedatives not prescribed by a doctor was reported by 5.2% of students, ecstasy was used by 3.3% of students, and cocaine was used in one's lifetime by 3% of the respondents. The use of amphetamines was reported by 2.2% of respondents, LSD or other hallucinogenic drugs were used by 2.1% of respondents, and magic mushrooms by 2% of the surveyed group. The use of crack and heroin was reported by 1.7/1.6% of the surveyed, respectively. Anabolic steroids and GHB use was reported by less than 1% of the group surveyed.

The data on any illicit drug use in the 1995-2007 period shows a statistically significant decrease in lifetime drug use in the 2003-2007 period after a period of a significant increase between 1995 and 2003.

The decrease in lifetime use in the 2003-2007 period is valid for all illicit drugs save for cocaine where an increase was observed in 2007.

Since the use of all illicit drugs except marijuana, inhalants and sedatives without a doctor's prescription is a rare phenomenon in the age group surveyed, a much bigger sample would be needed to study these phenomena in depth.

The Institute of Public Health of the Republic of Slovenia is currently working hard to establish, develop and implement the "Education for Health Programme" in different settings and target groups (School for Parents, Education for the Health for Preschool Children and their Parents, Education for the Health for Children in Primary and Secondary Schools, and others).

Education for the Health for Children in Primary and Secondary Schools consists of three pillars: one performed by a health professional in a health centre, the second which is performed by a health professional in the school setting and the third which is performed by teachers and other professionals working in schools. Themes are adjusted to these three groups of programme performers and to the age groups of the children involved.

The "Healthy habits and psychoactive substances" programme will form part of the second pillar, meaning that a programme, after it is developed, tested and evaluated, will be performed by a health worker in the primary school setting. The main aim of the programme is to strengthen the knowledge of target groups about healthy habits and motivate them to introduce them into their lifestyles and to highlight some bad habits in connection with psychoactive substances. The programme will be designed for the parents of children in the 4th grade of primary school as well as 5th grade primary school pupils. The aim is to design a one- to two-hour (or longer) interactive programme for each of these two groups with all the necessary tools and aids for carrying out the programme in the primary school setting. The wish is to design the programme for its users and we will include them in the programme's development.

Good practice in the field of promoting health without drugs should represent a set of processes and activities which have firmly declared goals, methods of approach and the target population. Moreover, they are regularly evaluated, based on scientific facts, incorporate the principle of values and morals, and take the social reality into consideration. The basic principles referring to which preventive measures are more effective and which are less effective in the field of primary prevention have yet to be pursued in Slovenia, where a large number of preventive activities are underway.

However, guidelines for assessment the quality of programmes have not been specified. Therefore, a need has arisen to produce a basic framework which would incorporate the programmes' development guidelines, and a model which would give an impetus to identifying effective programmes. The final aim is to achieve the systematic gathering of information regarding best practices and to facilitate the effective exchange of these programmes. Such a system will

help those involved in prevention to establish the capacity of the most successful practices, it will increase communication and co-operation among partners and, last but not least, it will contribute significantly to the optimal use of resources, capabilities and knowledge.

The availability of expert-supported interventions will facilitate the work of agents on the periphery. However, without a good plan for modifying the interventions and their implementation in the local environment there will be no success. Therefore, a model of so-called territorial prevention is being developed and examined in practice.

In Slovenia information on the prevalence of problem drug use is routinely and yearly available regarding the frequent use of opiates (poly drug use including opiates) and is based on data on drug-related treatment (substitution) and police reports (police data). Clients treated in outpatient treatment centres were reported on the basis of the data collected through the CPTDA network. 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 composed by 18 CPTDAs.

According to 2007 data, among all recorded drug users demanding their first drug-related treatment (N=356) in Slovenia there were 77.2% of males and 22.8% of females, the average age was 26.5 years (the youngest person was 16 years and the oldest was 52 years). On average, a new client was 20.0 years old at their first use of the main drug. The majority, 94%, of all demanded treatment was due to opioids (91.3% for heroin), 5% for cannabis and 1% for cocaine as a primary drug problem. There were 37.1% mono (92.4% reported heroin use, 5.3% reported cannabis use), 34.3% bi (54.9% used heroin and cannabis, 23.8% heroin and cocaine and 28.7% of poly (38.2% reported the use of heroin, cocaine and cannabis) drug users among new clients, and everyday use prevails (65.4%) prior to treatment, while the average length of a drug career prior to treatment was 46.2 months or almost 4 years. 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 who had ever injected any drug reveals the following: 56.4% reported injecting a drug; one-third had currently injected any drug (the last 30 days); one-quarter reported the shared use of a needle or other equipment when injecting, while more than one-half had practiced unsafe sex during their last sexual intercourse.

Historically in Slovenia, in terms of medical treatment and the extent of addiction, the predominant type of client at their first treatment is still a male, less than 30 years old, a heroin user with everyday use of heroin prior to their treatment, a user of more than just one drug and often a poly-drug user.

In 2008 the last national prevalence estimate of problem drug use for 2004 for Slovenia was obtained. 10.654 intravenous drug users or long duration/regular users of opiates, cocaine or amphetamines in the age group from 15 to 64 years old were reported.

Slovenia drug strategies identify treatment as being effective in tackling problem drug use and, therefore, attribute great importance to a diversification of the available treatment options. Drug specific counselling, care and treatment services are provided by specialised centres (CPTDA's) within nationwide network. These services, primarily in the outpatient sector (primary, general health care system), include substitution treatment mainly, but also drug free treatment. In the past decade the inpatient drug related treatment sector saw a development from longer to short term treatment (6 weeks), to more flexibility with regard to possible kinds of (also medical) therapy. This also means that a variety of substitution treatment substances may be prescribed. In quantitative terms, substitution treatment (oral methadone maintenance) has become (last 15 years) the most important form of therapy in Slovenia. In 2007 in Slovenia the substitution treatment possibilities of heroin addiction increased with the new substance which is combination of buprenorphine and naloxone (registered as Suboxone); buprenorphine and long acting morphine are also available.

Official data from the Agency for Medical Products and Medical Devices of the Republic of Slovenia allow us to conclude that as at 1 March 2008 in the Slovenian drug market there were the following registered drugs for the medically assisted treatment of heroin addiction: methadone peroration solution 10mg/ml (three different pharmacological methadone possibilities) registered as Heptanon, Metadon and Methadone chloride; *Buprenorphine* registered as Subutex; *slow-release morphine* registered as Substitol; *Buprenorfin/Naloxone* registered as Suboxone; and *Naltrexon* registered as Revia. In 2007 in Slovenia the treatment possibilities for heroin addiction expanded with a new drug which is a combination of Buprenorfin and Naloxone (registered as Suboxone).

In summer 2006 the Slovenian Minister of Health presented a call for proposals for an evaluation using funds from the European Commission. The aim of the evaluation was to assist in improving the quality of substitution maintenance treatment (SMT) in Slovenia. The evaluation was to explore the quality of SMT, its cost-effectiveness and its impact on patients. For several reasons, the cost-effectiveness analysis and impact analysis were not considered feasible. This resulted in an adapted outline of the evaluation. The first analysis was changed into a qualitative exploration of aspects of the management, organisation and costs of SMT. The impact analysis was abandoned and replaced by detailed recommendations on how to monitor, evaluate and study the impact of SMT on patients in the future. Some weak points were pointed out, such as: the treatment data collection in use does not allow the formulating of an individual treatment plan and monitoring SMT on the individual, centre and national levels; the management data collection in use does not provide reliable and accurate data for thorough auditing; there are general guidelines but no (basic) protocols which results in substantial differences in treatment policy and practice between the SMTCs substitution maintenance treatment centres (SMTCs); and some strong points were highlighted: the practice of the prescription of SMT in Slovenia is of a relatively high standard compared to other countries; SMT has a high level of coverage; it covers nearly the whole country and around one-third of the estimated total of problem heroin users; access to SMT is good (no waiting lists, appropriate opening hours, no exceptional criteria for joining).

During the period from 2003 to 2007 the prevalence of HIV remained consistently below 1% among confidentially tested injecting drug users treated in the CPTDA network. During the period from 2003 to 2007 the prevalence of antibodies against hepatitis B virus (HBV; anti-HBc) among confidentially-tested IDUs treated within the CPTDA network ranged from the highest 10.4% in 2003 to the lowest 3.6% in 2007 and the prevalence of antibodies against hepatitis C virus (HCV) ranged from the highest 23.4% in 2005 to the lowest 21.8% in 2007.

In 2007 the Emergency department and Poison Control Centre of the University Medical Centre Ljubljana that is responsible for one third of Slovenia (600.000 people) treated at least 58 heroin-overdosed patients, 10 cocaine-overdosed and 5 amphetamine-overdosed patients. In the last year they recognized increased number of cocaine and heroin-overdosed patients, but the number of met/amphetamine-overdosed patients remained unchanged. In the Slovenian register of intoxication it was reported 372 heroin, cocaine, meth/amphetamine, GHB, GBL and THC overdosed patients who were treated in Slovenian hospitals during the period from 2001 to 2007. This number presents only about 20% of all illicit drug intoxicated patients treated in Slovenian hospitals since the reporting of poisoned patients to the Register of intoxication is incomplete.

In 2007 there was a total of 44.502 patients examined by the PHEU. 128 patients (0.3%) sought help for problems, caused by the use of illicit drugs, 68 (53%) of which were examined at the PHEU and another 60 (47%) received medical help in the field; 97 (76%) persons sought help due to opiate-induced problems, 12 (9%) patients were treated for cocaine abuse and 3 (2%) for cannabinoid use.

In the 2006-2007 period 38.280 women gave birth in Slovenia and 99 of them (2,6/1000) had dependence recorded in their personal medical histories. In 25 pregnant women (0,7/1000) the use of illicit drugs during the last pregnancy was recorded. The highest proportion of pregnant women using drugs during their pregnancy (2,7/1000 pregnant women) was recorded in women from the Obalno-kraška region.

According to data on sources that were consulted (Ministry of Health, CPTDA's, NGO's) the network of harm reduction programmes including the needles and syringe exchange programmes has been extended almost all over the country with exception of north-eastern part of Slovenia. The harm reduction programmes are offering: needle exchange, free sterile kits (needles, alcohol pads, dry wipes, filter, citric/ ascorbic acid, condoms, plasters, bandages) information and leaflets on danger of drug use and on safe drug use, information on safe sex, information on drug-related infectious diseases, information on treatment programmes, information on HIV and hepatitis testing, day and night shelters. Programme staff also offers help in solving health, social, housing and employment problems of drug users. Four programmes of needle and syringe exchange are also equipped with mobile units (6 vans) for field work.

Data from the Prison Administration of the Republic of Slovenia reveal that in the period from 1990 to 2007 the number of illicit drug users among prisoners constantly increased in Slovenia, whereas the number of total prisoners was continuously varying. The available data show that the number of total prisoners was approximately stable in the 1995-1997 in Slovenia, then increased for the next three years, from 2000 it decreased rapidly until 2005 and from 2005 to 2007 another increase in the total number of prisoners was observed in Slovenia. The portion (%) of illicit drug users among prisoners in Slovenia in the 1995-2007 period globally and constantly increased, from the minimum in 1995 (3.3%) to the maximum in 2005 (28%). The data show that from the middle of the 1990s to 2001 the share of illicit drug users rose from 3.3% to nearly 10.8% of all prisoners, but then rapidly increased again and in 2005 reached the maximum of 28%, while in the last three years the share has been around one-quarter of all prisoners. The available data show that the percentage of illicit drug users in prisons constantly grew in Slovenia in the 1995-2005 period. On the other side, the share in percent of subjects undergoing methadone treatment from 2000 to 2007 was continuously varying, from the minimum in 2002 (31.6%) to the maximum in 2006 (56.1%). A similar situation was observed for the share in percent of compulsorily treated subjects under Article 66 of the Penal Code (together) in the 1995-2007 period in prisons in Slovenia. The number of people compulsorily treated under Article 66 of the Penal Code in Slovenia from 2000 to 2007 has increased over time. Most of them are males, followed by females and minors. Males were most frequently compulsorily treated during all periods, while minors were treated according to Article 66 from 2000-2004.

According to 2007 data from the Prison Administration the number of people identified as illicit drug users in prison rose by 14% compared to 2006. The total number of all imprisoned people in 2007 was 4,311, of whom 1,090 had problems with illicit drug use (25.3%), 55 of them were compulsorily treated under Article 66 of the Penal Code (52 males and 3 females). In 2007, methadone substitution treatment continued to be performed by health services in prison in co-operation with medical doctors (specialists) from regional CPTDAs. Among the 1,090 inmates who had problems with illicit drug use or were addicted to illicit drugs, methadone substitution was prescribed for 586 people (53.7%), whereby maintenance methadone treatment prevailed. Compared to 2006, the number of people receiving methadone rose by 10%.

The substance most frequently seized in Slovenia is cannabis, followed by heroin and cocaine. Cannabis is also seized in the largest quantities in Slovenia compared to other illicit drugs. This partly results from the fact that the Cannabis plant is also grown in Slovenia, which consequently means increased seized quantities of the drug.

Regarding potency and concentration of the illicit drugs available in Slovenia, experience of recent years has shown that there are considerable variations, This applies not only for new synthetic drugs (ecstasy, amphetamine), but also for more traditional drugs like heroin and cocaine.

Because of its geographical position, Slovenia is one of the main transit and destination countries with regard to the illegal distribution of illicit drugs. Heroin is smuggled from South-east Asia via Turkey and the northern Balkan route: Bulgaria - Romania - Hungary - Western Europe; the central Balkan route: the countries of former Yugoslavia, particularly via Macedonia, Kosovo and Slovenia to Western Europe; the southern Balkan route via Albania to Italy. The heroin smuggled via Slovenia mostly comes from Kosovo. Especially criminal organisations from countries of former Yugoslavia and Albania are active in Slovenia. In the opposite direction to heroin, criminal groups smuggle synthetic drugs and precursors (substances from which illicit drugs are formed) for the production of illicit drugs, especially heroin and cocaine.

Taking into consideration the growing seizures of heroin in Slovenia, seized quantities of heroin in Slovenia have been rising in line with the bigger production of opium in Afghanistan. Seized quantities of heroin have been increasing, except in 2002, 2005 and 2007. Regardless of the smuggling routes of heroin, the precursors of heroin (substances needed for the production of heroin, which are controlled by the international community) are smuggled in the opposite direction: from Western Europe to Central Asia. Synthetic drugs are smuggled in the same direction as precursors. Compared to other illicit drugs, it is cannabis that is seized in the largest quantities in Slovenia. This partly results from the fact that the cannabis plant is also grown in Slovenia, which consequently means higher quantities of the seized drug.

Compared to 2006, the number of investigated criminal offences related to illicit drugs in 2007 fell from 1,794 to 1,612 or by 10.1%, but the intensity of police work in this area did not decrease. Some lengthy operations against international criminal associations which required considerable police engagement were closed in 2007. The results of an operation conducted by the Slovenian police against an international criminal association resulted in the seizure of more than 100 kg of heroin abroad (mostly in Italy and Switzerland), smuggled by Slovenian citizens from Kosovo to Western Europe. Police officers, in co-operation with customs officers at border crossing points, seized less heroin and marihuana and more cocaine. Further, an international criminal investigation was conducted in 2007 against a criminal association smuggling acetic acid anhydride (a precursor of heroin) from Slovenia to Turkey. Although the investigation continued in 2008 when Slovenian police seized the largest quantities of this precursor, in 2007 they seized over 6,472 litres of this substance and the Turkish police had already seized nearly 13 tons. 1,612 criminal offences related to illicit drugs were investigated in 2007 and 1,794 in 2006. In 2007, the number of criminal offences dropped by 10.1%. In 2007, 1,429 offences of the unlawful manufacture of and trade in narcotic drugs under Article 196 of the Slovenian Penal Code were investigated. In 2006, the police investigated 1,590 offences of this kind. Compared to 2006, 10.1% less offences were investigated in 2007. In 2007, the police investigated 183 offences of enabling an opportunity for the consumption of narcotic drugs under Article 197 of the Penal Code; this represents a decrease of 10.3% compared to 2006, when 204 offences of this kind were investigated.

In Slovenia the most frequently seized illicit drug (in kg) in 2007 remained cannabis, followed by heroin and cocaine; nevertheless, the quantities of seized cannabis and heroin in kg decreased compared with 2006, while the quantities of seized cocaine in kg grew extremely.

According to the Penal Code of the Republic of Slovenia (Official Gazette RS 63/94, paragraphs 196 and 197), the illegal production of and trade in narcotic drugs and psychotropic substances and the facilitation of illicit drug use are defined as criminal acts.

The possession of illicit drugs recognised for personal use only is not considered a criminal act but an offence according to the Act on the Production and Traffic of Narcotics (Official Gazette 108/99).

Date from the 2007 Police Annual Report and data reported by the Ministry of the Interior of the RS reflect the gradually rising trend of numbers of drug-related criminal offences in Slovenia in the period from 1993 to 2002, with an isolated decrease in 2003 and a further increase in the 2004-2006 period and a final mild decrease in 2007. Similar trends were reported for numbers of drug-related minor offences (a decrease in the 2002-2005 period) and suspects (a decrease in 2003 and again in 2007). Globally in Slovenia in the period from 1993 to 2007 the number of drug-related criminal offences increased almost 20-fold, the number of minor offences more than 8-fold and the number of suspects more than 5-fold.

In 2007 the Police in Slovenia investigated 1,612 drug-related criminal offences, which was 10.1% less than in 2006 when they investigated 1,794 drug-related criminal offences (44.6% more than in 2005). In 2007 the number of criminal offences pursuant to Article 196 was 10.1% lower than in 2006 when the number of criminal offences pursuant to Article 196 had risen by 55% over 2005. On the other hand, the number of criminal offences pursuant to Article 197 fell by around 5.6% in 2006 in comparison with 2005 and by 10.3% in 2007 over 2006. In the same period, the number of suspects of criminal offences saw also similar changes. In 2007 the number of suspects in connection with Article 196 decreased by 15.8% in comparison with 2006 when it increased by 43.7% over 2005, while those in connection with Article 197 dropped by nearly 5.6% in 2006 relative to 2005 and by around 9.4% in 2007 relative to 2006. According to the Police's assessment, the figures for 2006 were the result of the increased intensity of police work in the field of illicit-drug-related crime, while in 2007 the figures were not the result of lower police activity but the conclusion, in 2007, of a long-running operation against an international criminal organisation.

In the 2005-2007 period in Slovenia the number of violations of the Act on Production and Traffic of Narcotics (Article 33) increased. In 2007 2,125 persons in possession of illicit drugs (personal use only) were reported and 952 persons in possession of illicit drugs (a small amount). Among all 3,077 persons reported 47.7% were aged between 18 and 24 years, 34.3% were between 24 and 28 years and 15.2% of all of them were foreigners.

In 2007 in Slovenia the Police detected 492,786 (496,560 in 2006) or 0.8% fewer violations of the Road Traffic Safety Act. In 2007 30,400 (31,569 in the previous year) or 3.7% fewer road accidents were investigated in which 58,957 people were involved, namely a 5.5% decrease compared to 2006 (62,403 people). Compared to the last year, more alcohol tests and more professional examinations due to the suspicion of driving under the influence of alcohol or illicit drugs were ordered. 293 people died in road accidents, which is 11.8% more than in 2006 (262 people). The number of people seriously injured in road accidents rose from 1,220 to 1,263 or by 3.5%, while the number of people with minor injuries fell from 14,855 to 14,774 or by 0.5%.

In Slovenia in the period 2004 to 2007 more than one-third of fatal accidents were cocaused by alcohol-effected drivers with an average alcohol concentration of between 1.58 and 1.63 g/kg.

Barbara Lovrečič

PART A:

New Developments and Trends

1. National policies and context

Overview / summary of the legal, policy and institutional framework, strategies and social context *prepared by Barbara Lovrečič*

In June 2008 the National Assembly adopted a new Criminal Code, which will be effective as from 1st of November 2008. According to the Criminal Code, "unlawful manufacture and trade in illicit drugs" (Article 186) and "rendering opportunity for consumption of illicit drugs" (Article 187) are classified as criminal acts. In general the content of both articles remains the same, but there are some additional paragraphs added to both articles, regarding the increase of a prison sentence. Also the number or articles changed (before 196 and 197) and illicit substances which are used in sports (doping) were added to both articles.
In April 2008 the National Assembly adopted some changes to the Law on the Road Safety and the penalties for driving under the influence of illicit drugs were increased significantly (from about 500 to 950 EUR).
The Regulation on mode of dealing with seized and dispossessed illicit drugs was adopted by Government in June 2007. On the basis of the Production of and Trade in Illicit Drugs Act the Ministry of Health adopted the Regulation on the technical and sanitary conditions and the method of protecting the premises where illicit drugs are kept which came into force in January 2008. The regulation must be implemented by all legal entities and individuals who deal with wholesale trade of illicit drugs.
A new illicit drug was scheduled on the list of illicit drugs in December 2007. This is Oripavine (3-O-demethyl-thebaine). It was schedules in Group I which means that is classified as a substance which is very dangerous for human health due to the severe consequences which can be caused by their abuse, and which are not used in medicine.
The Government adopted the Regulation on implementation of EC regulations on illicit drug precursors in September 2005 which influenced that Illicit Drug Precursors Act stopped being into force from July 2007. In April 2006 the Regulation on forms for implementation of EC regulations on illicit drug precursors was adopted.

Legal framework *prepared by Matej Košir*

In June 2008 the National Assembly adopted a new Criminal Code (it will be effective from 1 November 2008).

According to the Criminal Code, the "unlawful manufacture and trade in illicit drugs" (Article 186) and "rendering an opportunity for the consumption of illicit drugs" (Article 187) are classified as criminal acts. In general the content of both articles remains the same, but there are some additional paragraphs in both articles. Also the number or the articles has changed (previously 196 and 197) and illicit substances which are used in sports (doping) have been added to both articles.

Article 186 specifies that whoever unlawfully manufactures, processes, sells or offers for sale substances or preparations recognised to be illicit drugs, or whoever purchases, keeps or transports them for the purpose of reselling them, or whoever serves as an agent in their sale or purchase, is liable to a prison sentence of one to ten years.

Article 186 in addition (a new paragraph) specifies that whoever sells, offers for sale or gives for free an illicit drug or precursor to minors, a mentally ill person, a person with a temporary mental disorder, a backward person or someone who is in the process of addiction treatment or rehabilitation or if he/she commits this criminal act in education institutions or in their neighbourhood, in prisons, military forces, public premises or at public events, or if this criminal act is committed by a public servant, priest, medical doctor, social worker, teacher or educator and he/she abuses the advantage of his/her position or abuses minors for the purpose to commit this criminal act, is liable to a prison sentence of three to fifteen years.

If the offence under the previous paragraphs is committed by at least two persons 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 from five to fifteen years (before 2008 no more than five years).

Article 187 specifies that someone who solicits another person to use an illicit drug or provides a person with illicit drugs to be used by this person or by another person, or whoever provides a person with a place for the use of illicit drugs, or in some other way facilitates the use of illicit drugs by other persons, is subject to imprisonment for six months to eight years (before 2008 three months to five years).

Article 187 also (a new paragraph) specifies that whoever solicits to use an illicit drug minors, a mentally ill person, a person with a temporary mental disorder, a backward person or a person who is in the process of addiction treatment or rehabilitation or if he/she commits this criminal act in education institutions or in their neighbourhood, in prisons, military forces, public premises or on public events, or if this criminal act is committed by a public servant, priest, medical doctor, social worker, teacher or educator and he/she abuses the advantage of his/her position or abuses minors for the purpose to commit this criminal act, is liable to a prison sentence of one to twelve years.

In April 2008 the National Assembly adopted some changes to the Law on Road Safety and the penalties for driving under the influence of illicit drugs were increased significantly (from about EUR 500 to 950).

A regulation on the mode of dealing with seized and dispossessed illicit drugs was adopted by the Government in June 2007. On the basis of the Production of and Trade in Illicit Drugs Act the Ministry of Health adopted a regulation on the technical and sanitary conditions and method of protecting premises in which illicit drugs are kept, which came into force in January 2008. The regulation must be implemented by all legal entities and individuals who deal with the wholesale trade of illicit drugs.

A new illicit drug was scheduled on the list of illicit drugs in December 2007. It is Oripavine (3-O-demethyl-thebaine). It was scheduled in Group I which means that it is classified as a substance which is very dangerous to human health due to the serious consequences which can be caused by its abuse, and which is not used in medicine.

The Government adopted a regulation on implementation of EC regulations on illicit drug precursors in September 2005 which led to the Illicit Drug Precursors Act ceasing to be in force after July 2007. In April 2006 a regulation on forms for the implementation of EC regulations on illicit drug precursors was adopted. The regulation defines forms for the acquisition of a licence, registration and annual reporting (also see the previous report).

Laws were regularly implemented by the competent authorities (e.g. ministries, police, customs, inspectors etc.).

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

An evaluation of the substitution treatment programme was implemented in 2007 by the Ministry of Health. The project was implemented as a "twinning light" project in co-operation with the Dutch Ministry of Health, Welfare and Sport, the Trimbos Institute from the Netherlands and the Faculty of Social Work, University of Ljubljana (Slovenia).

The evaluation results show that the substitution treatment programme in Slovenia is well-organised and accessible to most drug addicts in comparison with other EU member states. The evaluation report made some recommendations for improvement, i.e. an improvement in the

psychosocial treatment of patients, improvement in interdisciplinary and intersectoral co-operation in the field of drug demand reduction, an improvement in better co-operation with other programmes in the field of drug demand reduction etc.

Budget and public expenditure *prepared by Matej Košir*

The Ministry of Health co-financed the project of evaluating the substitution treatment programme in the amount of EUR 40,000. The Trimbos Institute from the Netherlands was the main partner organising the project. The final cost of the project was EUR 260,000. The Ministry of Health financed programmes in the field of harm reduction, especially the needle-exchange programme in the total amount of EUR 150,000. NGOs and other non-governmental institutions applied for grants for projects and programmes in a total amount of EUR 100,000 in spring 2008.

Social and cultural context *prepared by Matej Košir*

The Local Action Group (LAG) for the prevention of addiction in the Municipality of Grosuplje organised a national seminar on "Social skills for good life choices" in May 2007. The same organisation organised a national seminar on "Inclusion of parents in addiction treatment" in June 2008. Participation at those seminars is traditionally very good, involving about 80 participants from all over the country, mostly from local action groups for addiction prevention.

The month of November is traditionally the "month of prevention" in Slovenia. The Regional Public Health Institute Ravne na Koroškem co-ordinated all activities of this "month" in 2007 in co-operation with the Ministry of Health. Some activities were also organised in October and December 2007, but most of them were concentrated in November. Several other activities were organised across the country in that period of the year.

The Regional Public Health Institute Koper organised the conference for representatives of LAGs for addiction prevention in Portorož in December 2007. This was organised in co-operation with the Regional Public Health Institute Ravne na Koroškem.

The Regional Public Health Institute Celje organised a conference on the 15th Anniversary of the LAG for addiction prevention in the City of Celje in December 2007. About 50 participants mostly from the Celje region and from other parts of Slovenia participated at the conference.

Activities during Slovenia's Presidency over the Council of the EU *prepared by Matej Košir*

During the Slovenian Presidency over the Council of the EU in the first half of 2008 the Ministry of Health led the EU Council's Horizontal Working Party on Drugs (HDG) which is the main technical and policy forum to facilitate the joint efforts of member states and the Commission. In that period six monthly meetings were organised in Brussels. There were several meetings organised with third countries, especially those from Latin America and the Caribbean (LAC), the Western Balkans, the USA, Afghanistan and Ukraine. A meeting of national drug co-ordinators was also organised.

During the Slovenian Presidency over the EU the Hofburg Declaration was adopted in Vienna in March 2008 along with conclusions of the 10th High-Level meeting of the Co-ordination and Co-operation Mechanism on Drugs between the European Union and Latin America and the Caribbean. The Declaration presents a basic annual framework for co-operation between the European Union and Latin America and the Caribbean in the field of illicit drug trafficking. Slovenia organised several expert meetings for the purpose of making a uniform statement by the member states towards UNGASS process in the field of illicit drugs.

2. Drug Use in the Population

Overview / summary of drug use and attitudes to drugs. Prevalence and incidence of use, patterns of use, characteristics of users (gender, social characteristics, age at first use) *prepared by Andreja Drev*

Although Slovenia still does not have a survey on drug use in the general population, in the last year and a half two surveys regarding drug use in the population were carried out: a telephone survey on the extent of exposure to tobacco smoke and smoking habits among the adult population of Slovenia in 2008 and the Slovenian ESPAD in 2007.
The telephone survey on the extent of exposure to tobacco smoke and smoking habits among the adult population of Slovenia revealed 17.1% are smokers, both regular and occasional. The share of smokers among adult men was 19.5% and among adult women 13%. In 2008 the share of adult smokers decreased compared to 2006 (22.8% of smokers). Part of this decrease can be attributed to the introduction of a smoking ban in all enclosed working and public places in Slovenia.
According to the Slovenian ESPAD 2007 data, 23.2% of Slovenian secondary school students, aged 15 - 16 years had tried any illicit drug at least once. The majority of any illicit drug use involves marijuana use. The figures on any illicit drug use in the 1995-2007 period shows a statistically significant decrease in lifetime drug use in the 2003-2007 period after the significant increase seen between 1995-2003. The decrease in lifetime use in the 2003-2007 period is valid for all illicit drugs except cocaine where an increase was observed in 2007.

Drug Use in the General Population *prepared by Helena Koprivnikar*

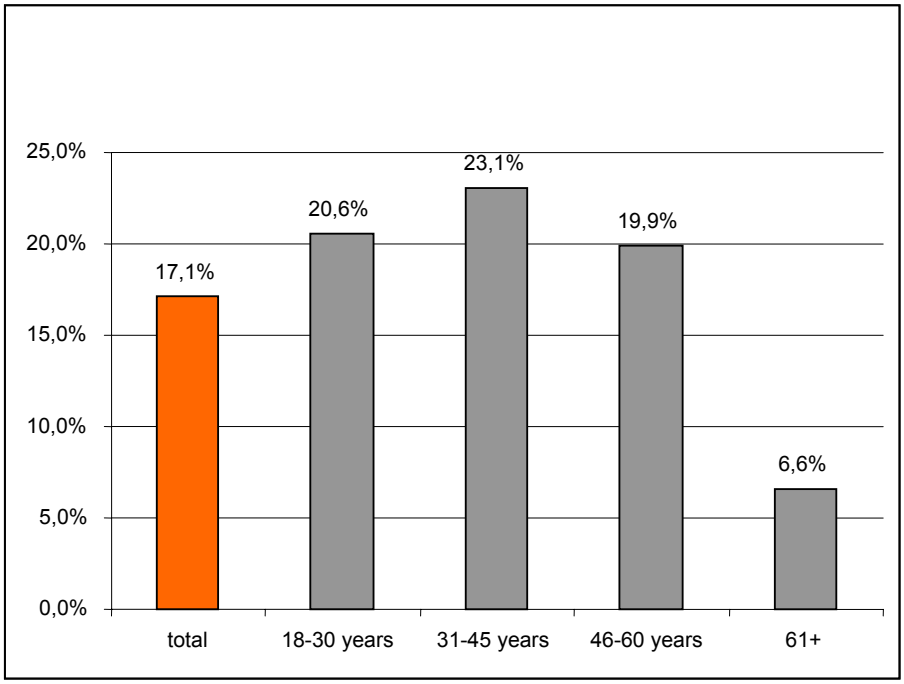
In April 2008 the Institute of Public Health in co-operation with the Public Opinion and Mass Communication Research Centre at the Faculty of Social Sciences performed a telephone survey on the extent of exposure to tobacco smoke and smoking habits among the adult population of Slovenia. A similar study was performed in April 2006. There were 990 adults included in the 2008 survey and 959 adults in the 2006 survey. Both samples were representative of the Slovenian adult population (18+).

In our 2008 survey we noted 17.1% of smokers (both regular and occasional) among the adult population in Slovenia. In comparison with 2006, when the survey revealed 22.8% of smokers, there was a significant decrease in the share of smokers in 2008. The decreasing trend in the share of smokers among the Slovenian adult population, which has been present during the last two decades and more, in thus continuing. Part of this decrease can be attributed to the introduction of a smoking ban in all enclosed working and public places in Slovenia in August 2007.

Among adult smokers there are 81.1% of regular daily smokers, while the others smoke occasionally. Regular daily smokers smoke 18 cigarettes a day on average.
In the 2008 survey we noted that the share of smokers (both regular and occasional) among adult men was 19.5% and among adult women 13%, which represents a significant decrease in the share of smokers in both sexes compared to 2006.

Among the different age groups, the shares of smokers were the following: from 18 to 30 years of age 20.6%, from 31 to 45 years of age 23.1%, from 46 to 60 years of age 19.9% and in the age group of 61+ 6.6% of smokers (regular daily and occasional) as shown in the figure below.

Figure 2.1 *Share of smokers in Slovenia in total and in different age groups, 2008 (n=990)*



Source: Institute of Public Health of the RS, 2008

Our survey also showed a significant decrease in the share of adult inhabitants exposed to tobacco smoke after the introduction of a smoking ban in all enclosed working and public places. In 2008 51% of the adult population was not exposed to tobacco smoke at all, compared to 35.2% in 2006 before the smoking ban was introduced. The highest decrease of exposure was noted in the hospitality sector, which is clearly solely the result of the smoking ban in all enclosed working and public places. The extent of exposure also decreased in working places and private premises (homes). The average time of exposure also significantly dropped after the introduction of the smoking ban in all enclosed working and public places.

Drug Use in the School and Youth Population *prepared by Eva Stergar*

Trends in the use of various drugs among Slovenian secondary school students, 1995 - 1999 - 2003 - 2007

Introduction

The analysis of trends in the use of various illicit drugs among the Slovenian school population aged 15 - 16 years is based on a comparison of data gathered during four consequent ESPAD surveys in Slovenia.

The ESPAD - the European School Survey Project on Alcohol and Other Drugs - is a collaborative effort of independent research teams in about 40 European countries and the largest cross-national research project on adolescent substance use in the world. Since 1995 data have been collected every fourth year. The fourth data collection was carried out in 35 countries during the spring of 2007.

The Swedish Council for Information on Alcohol and Other Drugs (CAN) initiated the project in 1993. Support has been provided by the Pompidou Group at the Council of Europe, the Swedish Ministry of Health and Social Affairs and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The collecting of data in individual countries is funded by national sources.

CAN, located in Stockholm (Sweden), co-ordinates the ESPAD project while the database manager is located in Akureyri, (Iceland).

Methodology

To achieve the goal of providing data that are cross-nationally comparable, the methodology of the ESPAD project is strictly standardised. The standardisation regards the target population, data collection instrument, field procedure, timing and data processing.

Target Population

The target population of the ESPAD project is students who turn 16 years old during the calendar year of data collection. Students who are unable to understand or for other reasons cannot answer the questionnaire without assistance (e.g. retarded, mentally disturbed or severely handicapped) are not included in the target population.

The goal of the sampling process is to obtain a national and gender-wise representative data set. It is up to each national ESPAD researcher to find the optimal method of sampling. However, the number of participating students is suggested not to be below 2,400, which allows breakdowns by sex and another variable.

The data analysed in this presentation were gathered following the ESPAD methodology in the years 1995, 1999, 2003 and 2007 for representative stratified random samples of Slovenian secondary school students born in 1979 (1995 survey), 1983 (1999 survey), 1987 (2003 survey) and 1991 (2007 survey). All classes of the 1st year of all types of secondary school programmes (grammar school, technical school, vocational - 3 years and 2.5 years) were included in sampling procedures for each survey.

In 1995 2,420, in 1999 2,375, in 2003 2,785, and in 2007 3,085 records were included in the reports.

Data collection instrument and field procedure

The questionnaire contains core and optional questions. All countries should employ the core questions. They include some background variables, alcohol-, tobacco- and drug-related questions as well as some questions for methodological purposes. There are also optional modules on "Integration", "Mainstream", "Psycho-social measures", "Cannabis" and "Deviance". Countries are welcome to include one or two modules in the questionnaire as well as a small number of country-specific questions of special interest. Field-testing the questionnaire is highly recommended for countries joining the ESPAD project. The ESPAD questionnaire is written in English and has to be translated into national languages. That is why the translation-back translation process is also highly recommended.

The same questions for lifetime use of various drugs (marijuana/hashish, heroin, cocaine, crack, amphetamine, ecstasy, LSD and other hallucinogens, sedatives without a doctor’s prescription, inhalants, anabolic steroids, GHB) were used in the surveys for 1995, 1999, 2003, and 2007. The questions refer to the number of occasions when a respondent used a certain drug during their lifetime.

Questions on past year/past month use of marijuana/hashish and inhalants were used in the surveys for 1995, 1999, 2003, and 2007. The questions refer to the number of occasions when a respondent used the drug during the past year or past month.

In 1999 a question on the lifetime use of magic mushrooms was introduced. It was also used in 2003 and 2007.

In 2003 a question on the lifetime use of GHB was introduced and also used in 2007.

In 2003 questions on past year and past month use of heroin, cocaine, crack, amphetamine, ecstasy, LSD and other hallucinogens, sedatives without a doctor's prescription, anabolic steroids, and GHB were introduced but, with the exception of questions about past year and past month use of ecstasy, they were omitted in 2007.

March/April is the recommended period for data collection. It is recommended that there are no festivities or school holidays one month prior to data collection. It is very important to use a survey leader trusted by the students. Consequently, it is up to each ESPAD researcher to decide whether teachers or research assistants should be carrying out the survey. Survey leaders receive written instructions describing how to perform the survey and how to fill in the standardised classroom report. The questionnaires are answered anonymously and, to make sure the students feel that their integrity is safe, it is highly recommended to offer individual envelopes for the students to seal their completed forms within them.

Data processing and (inter)national reports

Each country is free to write its own national report. However, it is an obligation to submit a standardised report on the methodological aspects of the survey process to the co-ordinators. Another obligation is to deliver the national datasets, to be merged into a common ESPAD database. Cleaning and merging of the national datasets as well as database maintenance is carried out by the database manager located at the University of Akureyri, Iceland. The methodology reports and the database are used by the co-ordinators in the process of writing the international ESPAD report.

The Slovenian report was prepared and published for each survey two years after the data collection. The purpose of the national report is to describe the drug use situation among students aged 15 - 16 years, to study trends in time and to compare national data with the situation in other European countries as well as neighbouring countries. Knowledge about drug use and trends in 1995-1999-2003-2007 can also be used as a basis for health education and health promotion programme planning.

Results

Lifetime drug use in 2007

The students were asked about the use of various drugs in their lives, i.e. until the week from 2 to 6 April 2007 when the data collection was done. As for the use of all illicit drugs in a lifetime, 76.4% of the surveyed students (74.1% of boys and 78.7% of girls) said they had never used any of the listed substances, i.e. cannabis, ecstasy, amphetamines, LSD or other hallucinogenic drugs, crack, cocaine, heroin, or GHB. Using any of these illicit drugs once to twice was reported by 8.3%, and 3 to 5 times was reported by 4.3% of the respondents. 2.8% had used these substances 6 to 9 times, 2.3% 10 to 19 times, 2.0% 20 to 39 times in their lives, and 4.0% acknowledged the use of illicit drugs 40 times or more.

There were differences between genders found to be significant at $p<0.02$ ($C=0.07$). The direction of the weak relation was as follows: a larger proportion of girls compared to boys said they had never used illicit drugs; a larger proportion of boys used any illicit drug on a regular basis.

78% of the respondents (76% of boys; 80% of girls) answered they have never used marijuana in their life, while 3.3% were regular users. Among those who answered they have already used marijuana, 39% used it once or twice, 16% 3 to 5 times, and others more often. There were differences according to gender in the group of marijuana users: male users used marijuana more often than female users (χ^2 was significant at $p < 0.05$, $C=0.13$).

Data about the use of any illicit drug, excluding marijuana, show that 92.7% of the surveyed 1st grade students said they had never taken illicit drugs, 4.4% had used them once to 5 times, and 2.9% 6 to 9 times or more. No statistically significant gender difference was found.

Inhalants use was reported by 15.9% of the surveyed students (using inhalants once to 5 times in a lifetime was reported by 12.3%, 6-19 times by 2.6%, and 20 times or more by 1.0% of the respondents), 84.1% of those surveyed answered they had never used inhalants in their life. There were no statistically significant differences between the surveyed boys and girls concerning the frequency of inhalants use in a lifetime.

Using sedatives not prescribed by a doctor was reported by 5.2% of the students (2.9% of boys and 7.6% of girls). A significantly higher proportion of boys have never used them in their lives (χ^2 was significant at $p<0.0001$; $C=0.12$).

Ecstasy was used by 3.3% of the students: 1.8% of all respondents had used it on one or 2 occasions in their lives, 0.3 on 3 to 5 occasions, 0.4% on 6 to 9 occasions, 0.4% on 10 to 19 occasions, and 0.3% on 20 or more occasions. There were no statistically significant differences between the surveyed boys and girls concerning the frequency of ecstasy use in a lifetime.

Cocaine was used by 3% of the respondents, of whom more than a half used it once or twice during their lifetime. There were no statistically significant differences between the surveyed boys and girls concerning the frequency of cocaine use in a lifetime.

Using amphetamines was reported by 2.2% of respondents, LSD or other hallucinogenic drugs were used by 2.1% of respondents, and magic mushrooms by 2% of the surveyed group. Using crack and heroin was reported by 1.7/1.6% of the surveyed, respectively. Anabolic steroids and GHB use was reported by less than 1% of the group surveyed.

Illicit drug use in the last 12 months in 2007

The responses showed that 82.4% of the surveyed had not used marijuana/hashish (cannabis) in the last year. Among those students who had used the drug, 42.3% had done so once to twice, 17.2% 3 to 5 times, and 12.6% 6 to 9 times, 8.9% 10 to 19 times, 6.7% 20 to 39 times, and 12.4% 40 times or more. The observed gender differences were not statistically significant.

When asked about inhalants used in the last year in order to get "high", 92.5% of the surveyed students marked the category "never". 4.6% used inhalants once to twice, 1.4% 3 to 5 times, and 1.6% more frequently. The observed gender differences were not statistically significant.

Ecstasy was used by 2.5% of the respondents during the last year. Gender differences were not statistically significant.

Drug use in the last 30 days in 2007

Marijuana or hashish use in the last 30 days was reported by 9.5% of the respondents. 90.5% (90.9% of boys and 90.2% of girls) had not used cannabis in the past 30 days. Among those who reported using marijuana/hashish, more than half had used the drug once or twice, 16.5% 3 to 5 times, 7.9% 6 to 9 times, 8.6% 10 to 19 times, 7.9% 20 to 39 times, and 7.6% 40 times or more.

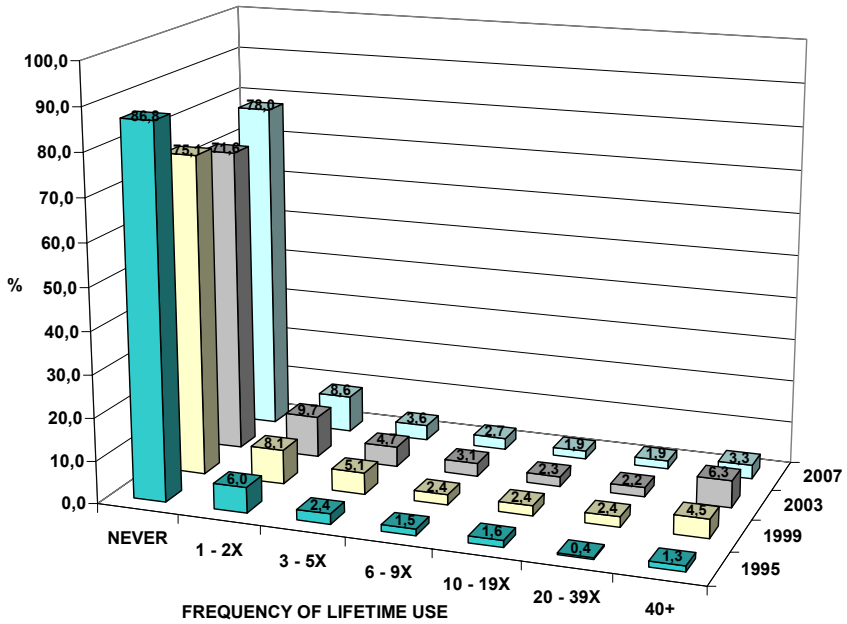
The responses of male students who used cannabis in the past month differed significantly from those of their female counterparts (χ^2 was significant at $p<0.05$; $C=0.06$). Using marijuana on one or two occasions, or using it on 10 to 19 occasions was reported by more girls than boys who answered they had used marijuana in the last month. Boys indicated more frequently the responses indicating the frequent use of marijuana (20 times or more) in the last 30 days.

When asked about the use of inhalants to get "high", 96.5% of the surveyed responded they had not used them in the last 30 days. No statistically significant gender differences were found according to inhalants use during the past month. Among those who reported inhalants use, 58.7% had used inhalants once to twice, 15.6% three to five times, 11.9% 6 to 9 times, and 13.7% 10 times or more. The gender differences were statistically significant (χ^2 was significant at $p<0.02$; $C=0.29$): male users used inhalants frequently than female users during the past 30 days.

Lifetime use of marijuana/hashish (cannabis), 1995 - 1999 - 2003 - 2007

The frequency of lifetime use of cannabis in 1995, 1999, 2003, and 2007 is shown in Figure 2.2.

Figure 2.2 *Lifetime use of marijuana, ESPAD 1995-2007, Slovenia*



Sources: Stergar E. Poročilo ESPAD za Republiko Slovenijo 1995; Stergar E. et al. Poročilo ESPAD 1999 za Republiko Slovenijo; Stergar E. et al. ESPAD, Evropska raziskava o alkoholu in preostalih drogah med šolsko mladino, Slovenija 2003; Stergar E. et al. Poročilo ESPAD za Republiko Slovenijo 2007.

The differences in the prevalence of the lifetime use of marijuana in 1995, 1999, 2003, and 2007 are statistically significant (χ^2 was significant at $p < 0.0001$, $C=0.15$). There were more respondents in 1999 and 2003 who answered they had used marijuana compared to 1995 and 2007. The increase in lifetime use between 1995 and 1999 was greater than between 1999 and 2003. There was a slight but statistically significant decrease in lifetime marijuana use between 2003 and 2007 (χ^2 was significant at $p < 0.0001$, $C=0.09$).

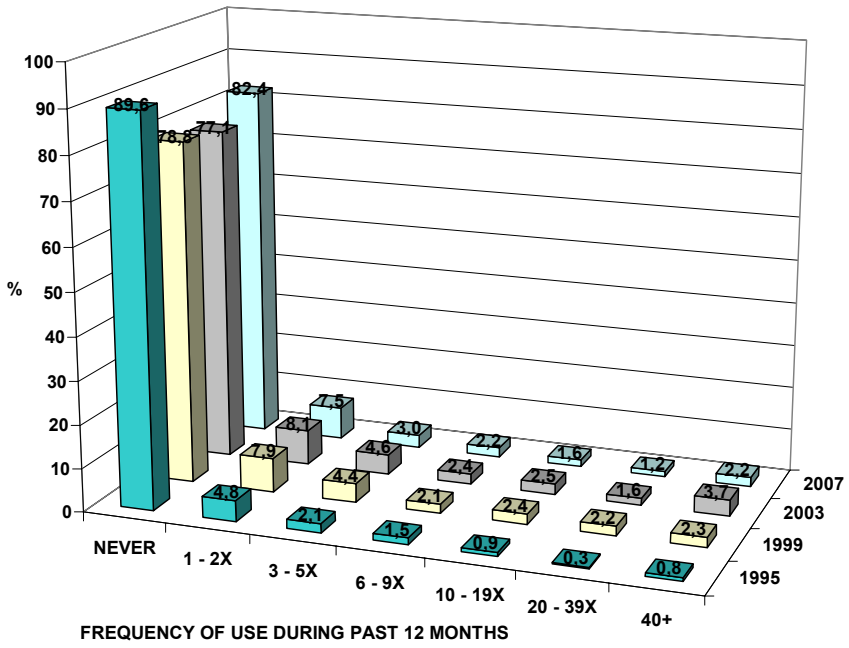
The most prominent increase in marijuana use in 1999 and 2003 compared to 1995 was in the category of regular users (= “40 times or more”): there were 1.3% of respondents who answered they had used marijuana/hashish “40 times or more” in 1995, 4.5% in 1999, and 6.3% in 2003. In 2007 the percentage of respondents who answered they had used marijuana 40 times or more during their lifetime decreased to 3.3%.

According to gender, no statistically significant differences in the lifetime use of marijuana were found in 1995 and 2003. In 1999 and 2007 differences between boys and girls in lifetime marijuana use were statistically significant, although the relation was not very strong (1999: χ^2 was significant at $p < 0.005$, $C=0.09$; 2007: χ^2 was significant at $p < 0.006$, $C=0.08$) and could be due to the sample size.

Use of marijuana/hashish in the past 12 months, 1995 - 1999 - 2003 - 2007

The frequency of use of marijuana during the past 12 months in 1995, 1999, 2003 and 2007 is shown in Figure 2.3.

Figure 2.3 *Marijuana use in the last 12 months, ESPAD 1995-2007, Slovenia*



Sources: Stergar E. Poročilo ESPAD za Republiko Slovenijo 1995; Stergar E. et al. Poročilo ESPAD 1999 za Republiko Slovenijo; Stergar E. et al. ESPAD, Evropska raziskava o alkoholu in preostalih drogah med šolsko mladino, Slovenija 2003; Stergar E. et al. Poročilo ESPAD za Republiko Slovenijo 2007.

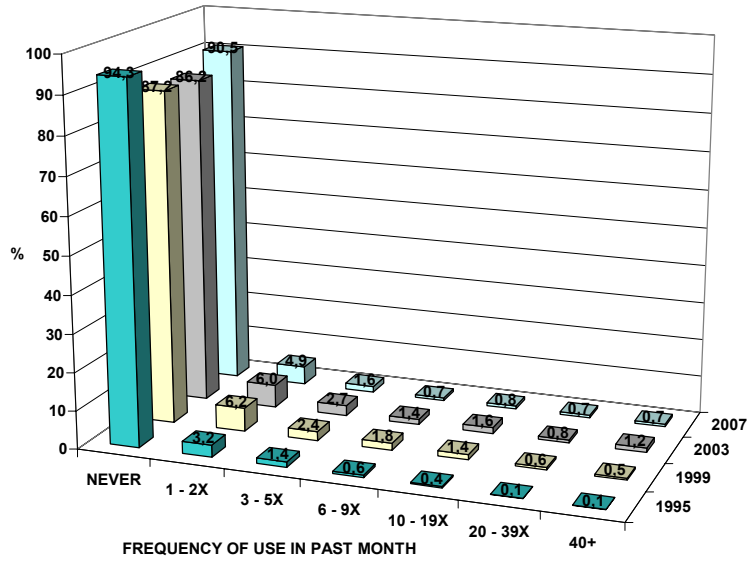
The differences in the prevalence of marijuana use in the past year for the years 1995, 1999, 2003, and 2007 are statistically significant (χ^2 was significant at $p < 0.0001$, C=0.13). There were more respondents in 1999 and 2003 who answered they had used marijuana (all categories) compared to 1995 and 2007. The increase in the prevalence of past year marijuana/hashish use between 1995 and 1999 was greater than between 1999 and 2003. The most prominent increase from 1995 till 1999 and 2003 of past year marijuana/hashish use was found in the categories “20-39 times” and “40 times or more”. In 2007 the percentage of respondents who answered they had not used marijuana during the last 12 months increased significantly (from 77.1% to 82.4%) compared to the 2003 data.

According to gender no statistically significant differences in the last year use of marijuana were found in 1995, 2003, and 2007. In 1999 there was a weak yet statistically significant relation between gender and last year marijuana use: boys used it more frequently than girls.

Use of marijuana/hashish in the past 30 days, 1995 - 1999 - 2003 - 2007

The frequency of use of marijuana during the past month in 1995, 1999, 2003, and 2007 is shown in Figure 2.4.

Figure 2.4 *Marijuana use in the last 30 days, ESPAD 1995-2007, Slovenia*



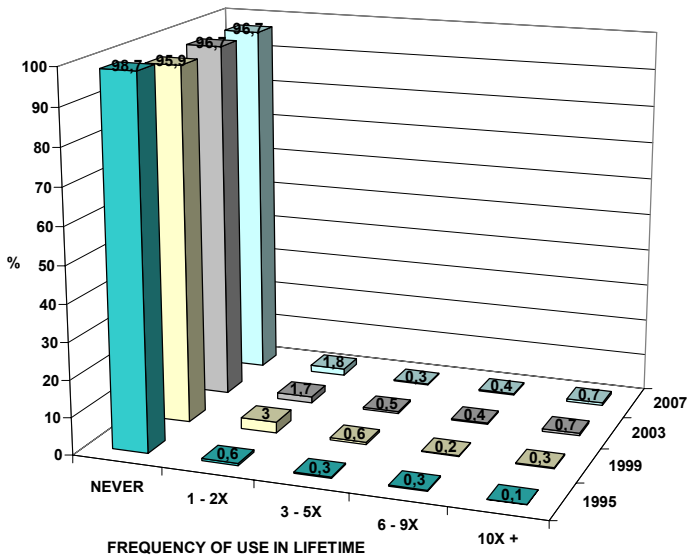
Sources: Stergar E. Poročilo ESPAD za Republiko Slovenijo 1995; Stergar E. et al. Poročilo ESPAD 1999 za Republiko Slovenijo; Stergar E. et al. ESPAD, Evropska raziskava o alkoholu in preostalih drogah med šolsko mladino, Slovenija 2003; Stergar E. et al. Poročilo ESPAD za Republiko Slovenijo 2007.

The differences in the prevalence of marijuana/hashish use in the past month for the years 1995, 1999, 2003 and 2007 are statistically significant (χ^2 was significant at $p < 0.0001$, C=0.11). There were more respondents in 1999 and 2003 who answered they had used marijuana (all categories) compared to 1995 and 2007. The increase in the prevalence of past month use of marijuana/hashish between 1995 and 1999 was greater than between 1999 and 2003. In 2007 the percentage of respondents who answered they had not used marijuana during the last 30 days prior to the survey grew significantly compared to the 2003 data - from 86.2% to 90.5%.

Lifetime use of ecstasy, 1995 - 1999 - 2003 - 2007

The frequency of the lifetime use of ecstasy in 1995, 1999, 2003, and 2007 is shown in Figure 2.5.

Figure 2.5 *Lifetime use of ecstasy, ESPAD 1995-2007, Slovenia*



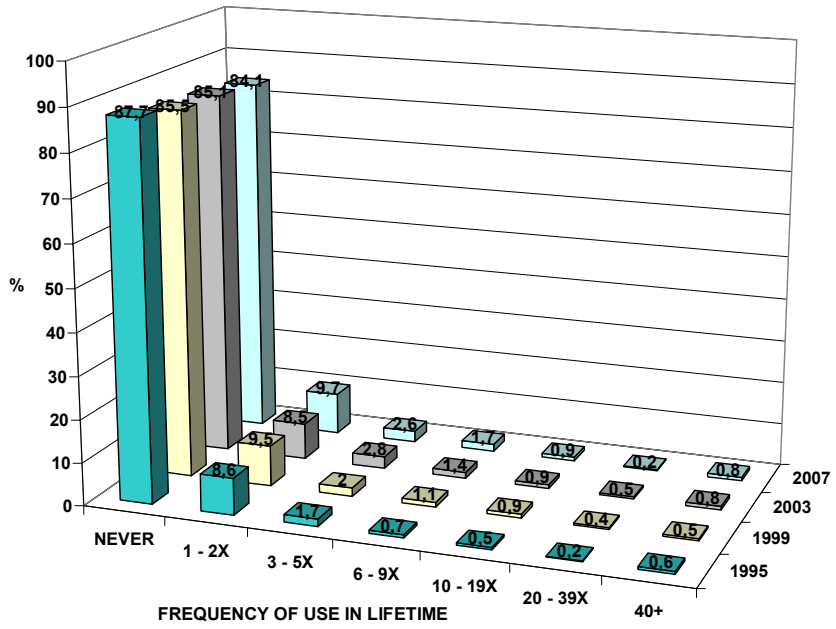
Sources: Stergar E. Poročilo ESPAD za Republiko Slovenijo 1995; Stergar E. et al. Poročilo ESPAD 1999 za Republiko Slovenijo; Stergar E. et al. ESPAD, Evropska raziskava o alkoholu in preostalih drogah med šolsko mladino, Slovenija 2003; Stergar E. et al. Poročilo ESPAD za Republiko Slovenijo 2007.

The differences in the prevalence of ecstasy lifetime use in 1995, 1999, 2003 and 2007 are statistically significant (χ^2 was significant at $p < 0.0001$, C=0.08). There were more respondents in 1999, 2003 and 2007 who answered they had used ecstasy (all categories) compared to 1995. There was a rise in lifetime use of ecstasy between 1995 and 1999. A comparison of data for 1999, 2003 and 2007 indicates that there was a decrease in initiations and an increase in frequent use.

Lifetime use of inhalants, 1995 - 1999 - 2003 - 2007

The frequency of the lifetime use of inhalants in 1995, 1999, 2003, and 2007 is shown in Figure 2.6.

Figure 2.6 *Lifetime use of inhalants, ESPAD 1995-2007, Slovenia*



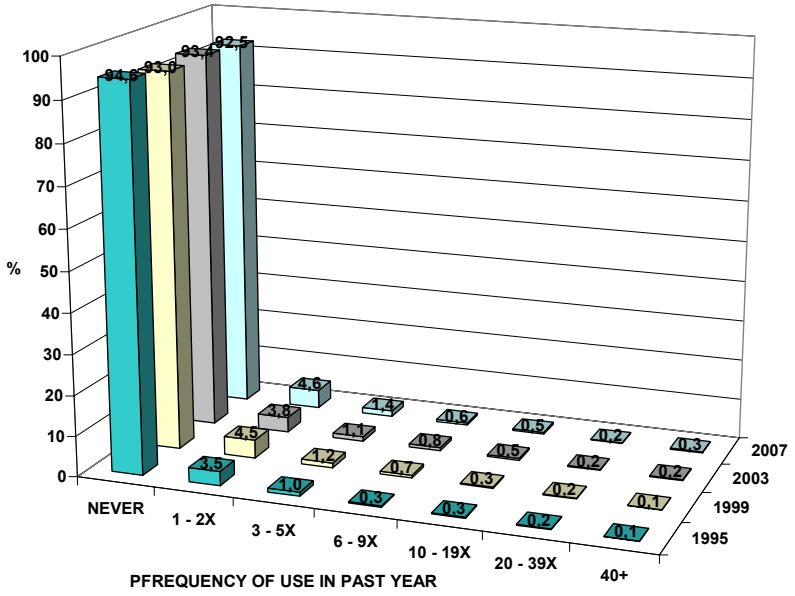
Sources: Stergar E. Poročilo ESPAD za Republiko Slovenijo 1995; Stergar E. et al. Poročilo ESPAD 1999 za Republiko Slovenijo; Stergar E. et al. ESPAD, Evropska raziskava o alkoholu in preostalih drogah med šolsko mladino, Slovenija 2003; Stergar E. et al. Poročilo ESPAD za Republiko Slovenijo 2007.

The differences in the prevalence of inhalants lifetime use for the years 1995, 1999, 2003 and 2007 are statistically significant (χ^2 was significant at $p < 0.004$) but the relation is weak since C=0.06 and could be due to the sample size. Inhalants were used by approximately 15% of respondents with the majority of users in the category “once or twice” in a lifetime.

Use of inhalants in the past year, 1995 - 1999 - 2003 - 2007

The frequency of the use of inhalants in the past year for the years 1995, 1999, 2003 and 2007 is shown in Figure 2.7.

Figure 2.7 *Inhalants use in the past year, ESPAD 1995-2007, Slovenia*



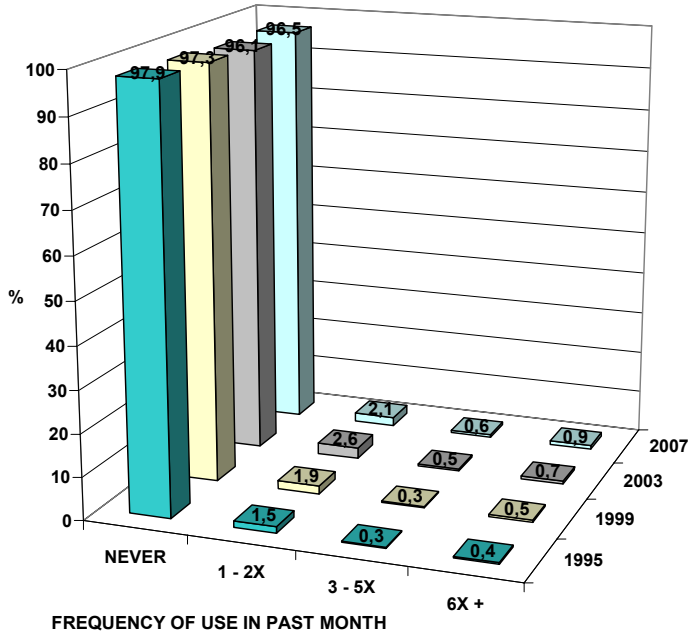
Sources: Stergar E. Poročilo ESPAD za Republiko Slovenijo 1995; Stergar E. et al. Poročilo ESPAD 1999 za Republiko Slovenijo; Stergar E. et al. ESPAD, Evropska raziskava o alkoholu in preostalih drogah med šolsko mladino, Slovenija 2003; Stergar E. et al. Poročilo ESPAD za Republiko Slovenijo 2007.

There are no statistically significant differences in past year inhalants use between 1995, 1999, 2003 and 2007. Inhalants were used by approximately 7% of the respondents with the majority of users in the categories “once or twice” and “3- to 5- times” in the last year.

Use of inhalants in the past month, 1995 - 1999 - 2003 - 2007

The frequency of the use of inhalants in past month for the years 1995, 1999, 2003 and 2007 is shown in Figure 2.8.

Figure 2.8 *Inhalants use in the past month, ESPAD 1995-2007, Slovenia*



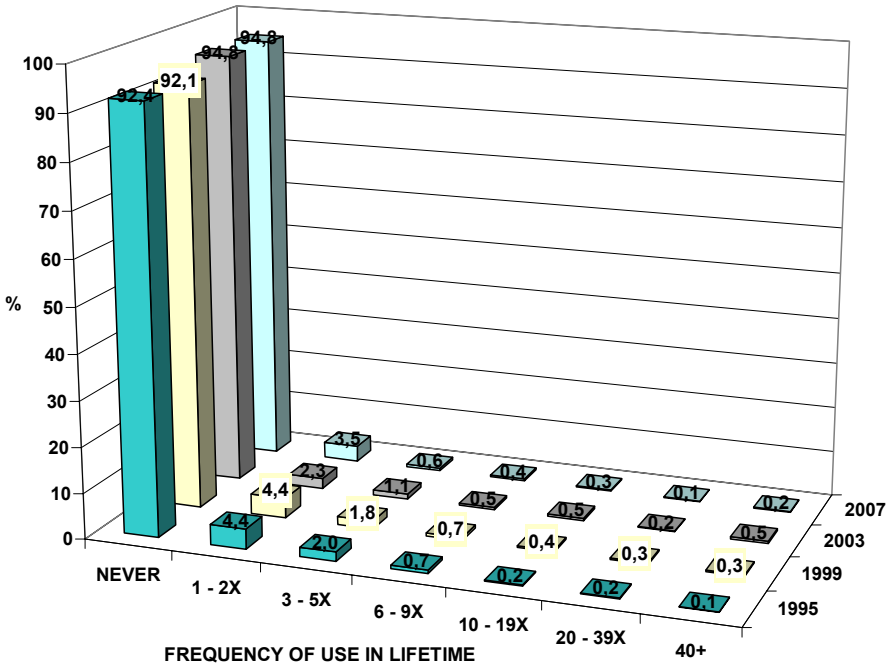
Sources: Stergar E. Poročilo ESPAD za Republiko Slovenijo 1995; Stergar E. et al. Poročilo ESPAD 1999 za Republiko Slovenijo; Stergar E. et al. ESPAD, Evropska raziskava o alkoholu in preostalih drogah med šolsko mladino, Slovenija 2003; Stergar E. et al. Poročilo ESPAD za Republiko Slovenijo 2007.

There are no statistically significant differences in past month inhalants use between 1995, 1999, 2003 and 2007. Inhalants were used by approximately 3% of the respondents with the majority of users in the category “once or twice” in the last month.

Lifetime use of sedatives without a doctor’s prescription, 1995 - 1999 - 2003 - 2007

The frequency of the lifetime use of sedatives without a doctor’s prescription for the years 1995, 1999, 2003 and 2007 is shown in Figure 2.9.

Figure 2.9 *Use of sedatives without a doctor’s prescription, ESPAD 1995-2007, Slovenia*



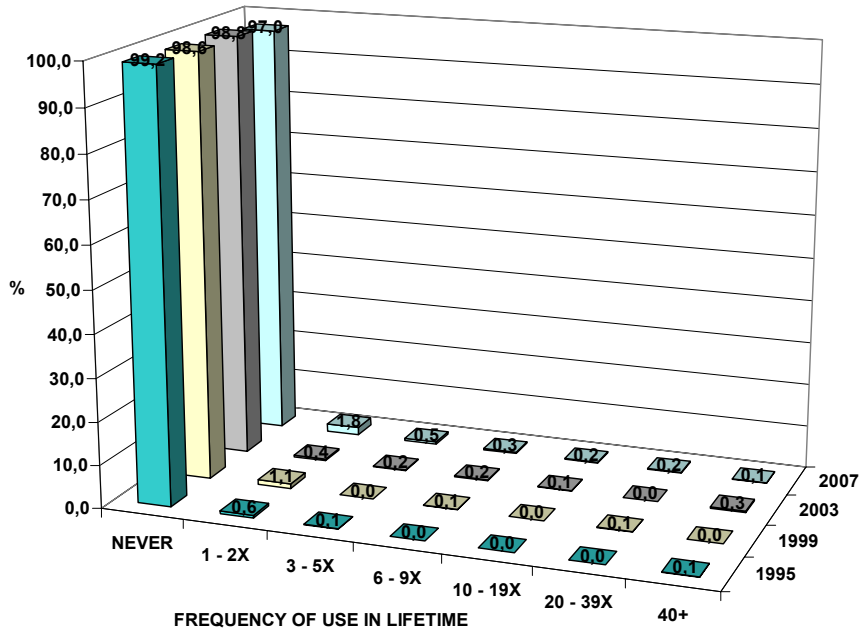
Sources: Stergar E. Poročilo ESPAD za Republiko Slovenijo 1995; Stergar E. et al. Poročilo ESPAD 1999 za Republiko Slovenijo; Stergar E. et al. ESPAD, Evropska raziskava o alkoholu in preostalih drogah med šolsko mladino, Slovenija 2003; Stergar E. et al. Poročilo ESPAD za Republiko Slovenijo 2007.

The differences in the prevalence of the lifetime use of sedatives without a doctor’s prescription for 1995, 1999, 2003 and 2007 are statistically significant (χ^2 was significant at $p < 0.0001$, C=0.08). There were more lifetime users of sedatives which were not prescribed by a doctor in 1995 and 1999 compared to 2003 and 2007.
There were statistically significant differences according to the gender of the respondents regarding sedatives without a doctor’s prescription in each survey: girls used them more frequently than boys.

Lifetime use of cocaine, 1995 - 1999 - 2003 - 2007

The frequency of the lifetime use of cocaine for the years 1995, 1999, 2003, and 2007 is shown in Figure 2.10.

Figure 2.10 *Lifetime use of cocaine, ESPAD 1995-2007, Slovenia*



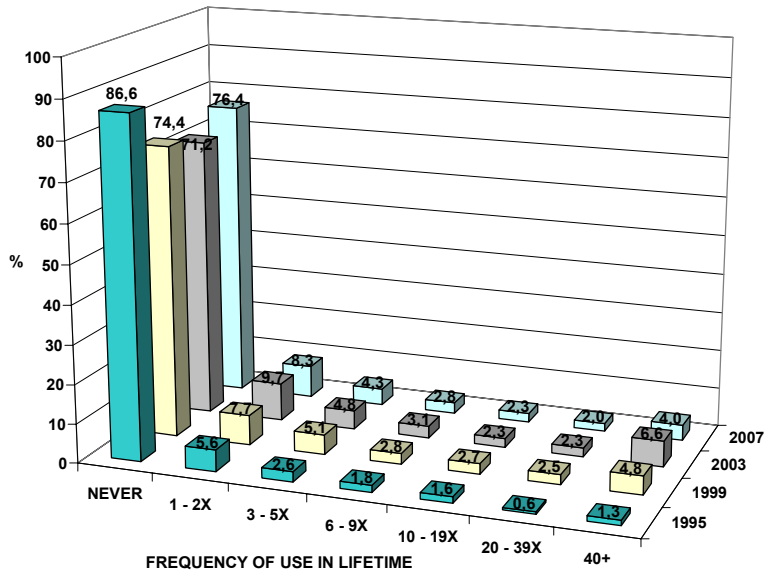
Sources: Stergar E. Poročilo ESPAD za Republiko Slovenijo 1995; Stergar E. et al. Poročilo ESPAD 1999 za Republiko Slovenijo; Stergar E. et al. ESPAD, Evropska raziskava o alkoholu in preostalih drogah med šolsko mladino, Slovenija 2003; Stergar E. et al. Poročilo ESPAD za Republiko Slovenijo 2007.

The differences in the prevalence of the lifetime use of cocaine for 1995, 1999, 2003 and 2007 are statistically significant (χ^2 was significant at $p < 0.0001$, C=0.08). There was a significant increase in lifetime use in 2007 compared to previous surveys.

Lifetime use of any illicit drug 1995 - 1999 - 2003 - 2007

The frequency of any illicit drug use (e.g. marijuana/hashish, heroin, cocaine, crack, amphetamines, ecstasy, LSD and other hallucinogens, sedatives without a doctor's prescription, inhalants, GHB) for the years 1995, 1999, 2003 and 2007 is shown in Figure 2.11.

Figure 2.11 *Lifetime use of any illicit drug*, ESPAD 1995-2007, Slovenia*



* Marijuana, ecstasy, amphetamines, LSD/other hallucinogenic drugs, crack, cocaine, heroin, GHB

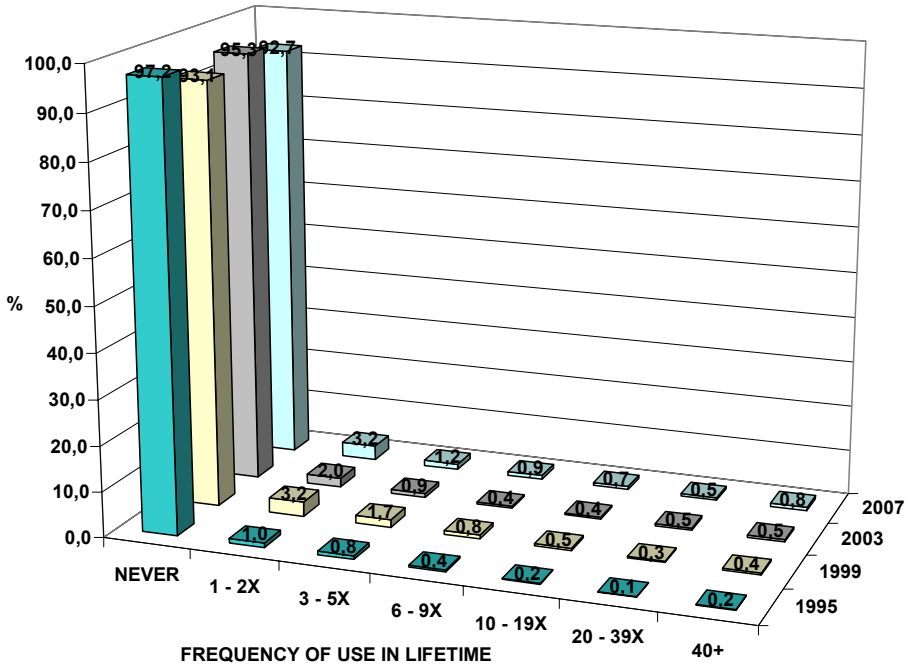
Sources: Stergar E. Poročilo ESPAD za Republiko Slovenijo 1995; Stergar E. et al. Poročilo ESPAD 1999 za Republiko Slovenijo; Stergar E. et al. ESPAD, Evropska raziskava o alkoholu in preostalih drogah med šolsko mladino, Slovenija 2003; Stergar E. et al. Poročilo ESPAD za Republiko Slovenijo 2007.

Statistically significant differences were found in the prevalence of any illicit drug use between the years 1995, 1999, 2003 and 2007 (χ^2 was significant at $p < 0.0001$, C=0.14). The percentage of those who never used any illicit drug decreased from 1995 to 1999 and from 1999 to 2003. The decrease was greater in the first interval compared to the second. The most significant increase occurred in the category of regular users (= "40 times or more") where in 1995 the percentage was 1.3, in 1999 4.8 and in 2003 6.6. There was a statistically significant decrease in the lifetime use of any illicit drug use between 2003 and 2007 (χ^2 was significant at $p < 0.0001$, C=0.09), especially in the category of regular users.

Lifetime use of any illicit drug, except marijuana 1995 - 1999 - 2003 - 2007

The frequency of any illicit drug use except marijuana (e. g. heroin, cocaine, crack, amphetamines, ecstasy, LSD and other hallucinogens, sedatives without a doctor's prescription, inhalants, GHB) for the years 1995, 1999, 2003 and 2077 is shown in Figure 2.12.

Figure 2.12 *Lifetime use of any illicit drug, except marijuana**, ESPAD 1995-2007, Slovenia*



** Ecstasy, amphetamines, LSD/other hallucinogenic drugs, crack, cocaine, heroin, GHB

Sources: Stergar E. Poročilo ESPAD za Republiko Slovenijo 1995; Stergar E. et al. Poročilo ESPAD 1999 za Republiko Slovenijo; Stergar E. et al. ESPAD, Evropska raziskava o alkoholu in preostalih drogah med šolsko mladino, Slovenija 2003; Stergar E. et al. Poročilo ESPAD za Republiko Slovenijo 2007.

Statistically significant differences were found in the prevalence of any illicit drug use except marijuana between the years 1995, 1999, 2003 and 2007 (χ^2 was significant at $p < 0.0001$, C=0.09). The percentage of those who never used any illicit drug decreased from 1995 to 1999 and from 1999 to 2003. The decrease was greater in the first interval compared to the second. The most significant increase occurred in the category of regular users (= "40 times or more") where in 1995 the percentage was 1.3, in 1999 4.8 and in 2003 6.6. There was statistically significant decrease in the lifetime use of any illicit drug use except marijuana between 2003 and 2007 (χ^2 was significant at $p < 0.0001$, C=0.09), especially in the category of regular users.

Conclusions

According to the Slovenian ESPAD 2007 data, less than a quarter (23.2%) of Slovenian secondary school students aged 15 - 16 years had tried any illicit drug at least once. There is a weak relation between gender and drug use: girls are more frequently non-users than boys.
The majority of any illicit drug use involves marijuana use. Namely, there were 22% of respondents who answered they have already used cannabis in their lifetime. Lifetime inhalants use was reported by 15.9% of the surveyed students, using sedatives not prescribed by a doctor was reported by 5.2% of the students, ecstasy was used by 3.3% of the students, and cocaine was used in a lifetime by 3% of the respondents. Using amphetamines was reported by 2.2% of respondents, LSD or other hallucinogenic drugs were used by 2.1% of respondents, and magic mushrooms by 2% of the surveyed group. The use of crack and heroin was reported by 1.7/1.6% of those surveyed, respectively. Anabolic steroids and GHB use was reported by less than 1% of the group surveyed.

The data on any illicit drug use in the 1995-2007 period shows a statistically significant decrease in lifetime drug use in the 2003-2007 period after a period of a significant increase between 1995-2003.

The decrease in lifetime use in the 2003-2007 period is valid for all illicit drugs, except cocaine where an increase was observed in 2007.

Since the use of all illicit drugs except marijuana, inhalants and sedatives without a doctor's prescription is a rare phenomenon in the age group surveyed, a much bigger sample would be needed to study these phenomena in depth.

Drug Use among Specific Groups

Data on drug use among specific groups in Slovenia (minorities, immigrants, sex workers) are not regularly gathered. For more information please see previous reports.

3. Prevention

Overview / summary of the framework, strategies and interventions in relation to universal and selective prevention *prepared by Andreja Drev*

Prevention is a priority of the resolution on the national programme in the area of drugs 2004-2009. According to the resolution, preventive programmes in Slovenia are very widespread yet there are no systematically collected data on prevention available. Moreover, Slovenia is still missing national standards for developing, implementing and evaluating preventive programmes. The first steps toward establishing national standards of addiction prevention activities is assisting the Regional Institute for Public Health Ravne in the preparation of basic premises for monitoring and assessing the preventive programmes.
In the field of universal prevention at school the resolution foresees the establishment of a national body co-ordinated by the Ministry of Education which would be in charge of developing standards for preventive programmes carried out in schools and other education institutions, but at the end of 2008 Slovenia is still missing such a body. Consequently, there are various preventive programmes - which differ regarding their quality and content - carried out in schools by numerous performers like health institutions, NGOs, state institutions etc. Further, so far none of the existing programmes has been implemented nationally. But this is about to change as two preventive programmes based on the promotion of life skills and healthy habits, one for preschool children and the other for primary school children and parents (5^{th} grade children and parents of 4^{th} grade children) are being developed and will be systematically and nationally implemented.
Local action groups (LAGs) are an important subject of prevention in the community. Their task is to plan and co-ordinate various preventive activities. So far, around 50 LAGs have been established all over the country and some of them are working very successfully.
Data for selective and indicated prevention is very limited. The majority of the available data is associated with prevention in recreational settings, which is carried out by an NGO. Prevention in recreational settings is also mentioned in the resolution, mainly as a need to restore secure conditions at dance events.

Universal prevention

Healthy Habits and Psychoactive Substances Programme *prepared by Helena Koprivnikar*

The Institute of Public Health of the Republic of Slovenia is currently working hard on establishing, developing and implementing the "Education for Health Programme" in different settings and target groups (School for Parents, Education for Health for Preschool Children and their Parents, Education for Health for Children in Primary and Secondary Schools, and others).

Education for Health for Children in Primary and Secondary Schools consists of three pillars: one that is performed by a health professional in health centre, the second which is performed by a health professional in the school setting and a third which is performed by teachers and other professionals working in schools. Themes are adjusted to suit these three groups of performers of the programme and to the age groups of children.

The "Healthy habits and psychoactive substances" programme will be part of the second pillar, meaning that the programme, after it is developed, tested and evaluated, will be performed by a health worker in the primary school setting. The main aim of the programme is to strengthen the knowledge of the target groups about healthy habits and motivate them to introduce them into their lifestyles and to highlight some of the bad habits in connection with psychoactive substances. The programme will be designed for the parents of children in 4th grade in primary schools and 5th grade children in primary schools. Our aim is to design a one- to two-hour (or longer) interactive programme for each of these two groups with all necessary tools and aids for programme implementation in the primary school setting. We wish to design the programme for its users and we will include them in development of the programme.

The programme's development will follow some steps which were defined at the beginning of its preparation. First we collected good practice models for healthy habits and psychoactive substances, programmes and activities, which were previously developed and/or implemented in certain schools in our country. We also asked the future performers of the programme and users of the programme (health professionals working in the area of health education in schools, teachers in primary schools, parents of children in 4th grade and children in 5th grade at certain primary schools) to give us some insight into what their possibilities, expectations, wishes and limitations would be, for some groups also their knowledge and beliefs. This was done with the help of pre-prepared questionnaires and focus groups. Based on an analysis of the collected data and opinions of our target groups and performers we will prepare a detailed plan of the topics, materials and aids to develop and we will review good practice models that we have collected to find those that could be included in our programme development. The plan will also include timeframes, other possible collaborators and financial issues. We are planning a pilot performance and careful evaluation of the programme during the pilot performance to find ways to further improve the programme. Evaluation of the programme will also be planned after first wider programme implementation and after certain periods of time. The programme evaluation will be performed amongst all groups of performers and users of the programme.

The programme is currently being developed by collaborators from the Institute of Public Health of the Republic of Slovenia and the Regional Institutes of Public Health in Koper, Kranj and Ravne na Koroškem.

Community

Addiction Prevention by Promoting the Life Skills Programme *prepared by Marijana Kašnik Janet*

A brief analysis of social circumstances already reveals significant changes which encompass all fields of social and human life in the last decade. Contemporary youth is characterised by individualisation, autonomy, social and psychological vulnerability and a specific lifestyle. The occurrence of addiction and its varying consequences go hand in hand with modern living. The kindergarten and primary school represent two important institutions for effective addiction prevention programmes where children can gain experience different to those gained in the family environment, and develop different social contacts. This phase of development is crucial for the learning and development of positive life skills.

In the second half of 2005, the Regional Institute of Public Healthcare Ravne in co-operation with the Centre for Higher Education - KOVIVIS, and the National Education Institute of Slovenia - Regional Office Slovenj Gradec, started developing the programme "Addiction Prevention By Promoting Life Skills". It is intended for preschool children who attend kindergartens, their parents and childcare workers.

The programme is based on the cognizance that developed life competencies, such as social skills, communication skills, problem-oriented thinking (problem solving and conflict resolution), decision-making skills, goal-setting skills, emotional stability, empathy, self-confidence etc., which are acquired and sharpened in early childhood represent an important factor in preventing the possible emergence of different addictions. The programme that is being implemented in Slovenia, based in Slovenian Carinthia, does not include a full range of toys. We gained experience in the neighbouring country of Austria where the "Toy-free Kindergarten: Addiction Prevention By Promoting Life Skills" programme has been run for a couple of years now. More significant emphasis is given to the implementation of didactic games and their evaluation. The games incorporate three basic sets, namely, 1st set: identity development games, 2nd set: games relating to emotions, 3rd set: social competence development games. The programme is being implemented by childcare workers with support from the programme's creators and external experts.

During the second half of 2006, the programme's implementation commenced in kindergartens. At first, the evaluation was directed at the games' survey and a critical assessment. Consequently, on the basis of the analysis the games were, where necessary, supplemented or altered. In 2007 and 2008, greater emphasis is being given to evaluation of the children's and childcare workers' responses to the programme itself. In the future, we plan networking for the programme throughout Slovenia.

The programme has been well accepted by the childcare workers as well as by the children, and highly positive feedback has also been given by the parents.

Preparation of Basic Premises for Monitoring and Assessing Preventive Programmes' Quality and Provision, and the Facilitation of Greater Availability *prepared by Marijana Kašnik Janet*

Good practice in the field of promoting health without drugs should represent a set of processes and activities which have firmly declared goals, methods of approach and a target population. Moreover, they are regularly evaluated, based on scientific facts, incorporate the principle of values and morals, and take the social reality into consideration. The main principles according to which preventive measures are to be judged more effective or less effective in the field of primary prevention have yet to be pursued in our country. In Slovenia, a large number of preventive activities are underway.

However, guidelines for the programmes' quality assessment are not specified. Therefore, there is a need to produce a basic framework which would incorporate the programmes' development guidelines, and a model which would give an impetus to identifying effective programmes. The final aim is to attain a systematic information gathering regarding the best practice and to facilitate the effective exchange of these programmes. Such a system will help agents involved in prevention establish the capacity of the most successful practices, will increase communication and co-operation among the partners and, last but not least, it will contribute significantly to the optimal use of resources, capabilities and knowledge.

The availability of expert-supported interventions will facilitate the agents' work on the periphery. However, without a good plan for modifying and implementing the interventions in the local environment there will be no success. Therefore, a model of so-called territorial prevention is being developed and examined in practice.

Prevention of drug abuse and addiction in local communities - the experience of the Celje Public Health Institute *prepared by Nuša Konec Juričič*

I. Co-operation among institutions and experts as a necessary condition for the prevention of addiction

More than a decade ago, society found itself faced with the problem of the rising use of various drugs among young people. This involved the regional Health Protection Institutes (hereafter HPI) since monitoring and preventing this phenomenon are part of their important socio-medical activities. It has been clear for some time that the responsibility for and efforts to find solutions for the issue of drug abuse and addiction cannot rest solely on the shoulders of a single institution or discipline. An interdisciplinary approach by different institutions has an advantage over individual efforts, however big they may be. That is why in 1992 the Celje Local Action Group (hereafter Celje LAG) was founded within the Celje HPI, bringing together representatives of all institutions in Celje that in their work directly or indirectly encounter the issue of drugs and addiction. The Celje LAG's work is directed at establishing the extent of the problem, advising the local authorities, informing and educating both lay and professional publics about drug use and encouraging the development of prevention programmes, as well as treatment and rehabilitation relating to addiction.

II. Studies on the growing use and abuse of drugs among youth

Work relating to drugs must involve monitoring the spread of the use and abuse of drugs. One effective and easily accessible method of collecting information about drug use among young people is surveys carried out among school children. Hence, ESPAD studies concerning the use of alcohol and other drugs among school children in Celje were carried out by the Celje HPI in 1998, 2003 and 2007, when they took place simultaneously with the National ESPAD Study. All participating schools were sent the results of the study, as well as municipalities, health centres and the wider public. These results largely direct activities within the Celje LAG and HPI, as well as those in local communities.

III. An overview of some programmes of the Celje Health Protection Institute and the Celje Local Action Group

The programme *Drugs and the 21st century* is an educational seminar for teachers, social workers and health workers. Its purpose is to increase sensitivity to the issue of drugs and addiction among the young, improving existing and imparting new knowledge and skills for working with young people so that they take responsibility for their own decisions, the development of a correct attitude to drug use and drug users, and to offer information about the possibilities of help. The seminar lasts 24 hours. Between 1998 and 2003, six seminars were attended by 131 teachers, social and health workers from the Celje region and outside it.

The programme *Drugs, addiction and us* is a lecture and discussion for parents, teachers and pupils. The aim is to increase awareness of drug use and addiction, to present the protective factors and risk factors and to offer information about early changes that may be a sign of drug use, presenting the main types of drugs and stressing the importance of proper communication among parents, children and teachers. The lecture lasts two hours. Between 1998 and 2007, over 80 lectures were attended by approximately 2,500 parents, teachers, pupils and students from the Celje region.

The programme *School for parents* is a series of five lectures and workshops aimed at parents. They are the child's first and most important teachers so it is important that they themselves develop a healthy way of life and a critical attitude to drugs, starting with alcohol and tobacco. The programme also presents the developmental characteristics of children, the importance of proper communication, ways of overcoming problems and communicating about sensitive themes such as growing up, drugs and violence. In 1998, and again between 2002 and 2005, the programme was implemented involving all of the above themes, while between 2005 and 2007, following a request from individual schools, *School for parents* examined selected themes. Overall, approximately 1,200 parents from the Celje region have attended 55 such events.

The programme *Growing up* consists of workshops for pupils in grades seven, eight and nine of Celje primary schools. Workshops within the programme are directed at peer learning and the inclusion of young people as advisers in the resolution of problems. The programme's main purpose is prevention. Teenagers thus have an opportunity to share their most intimate thoughts. Open dialogue takes place in a group, while mentors direct participants to the resolution of conflict situations. The workshop lasts four school lessons. Between 2001 and 2005, approximately 2,000 pupils from the Celje region were included. In 2006, the programme was supplemented with themes about healthy eating, ways of spending free time and sexuality and was given the title *I'm glowing with health*. These workshops are attended by pupils in the higher grades of all primary schools in Celje.

The programme *This is me* is primarily a preventive programme for young people with the aim of strengthening their positive self-image. The programme is conducted via the www.tosemjaz.net website, in the form of texts on love and safe sex, as well as self-image, healthy eating and exercise, in the form of a chat-room and Internet advice. At the moment, 33 experts from different professions participate in this, free of charge. In the last seven years, they have answered over 14,000 questions from children from across Slovenia. The second part of the programme consists of events in schools in the form of workshops, natural-science days and thematic lessons carried out at seminars by specially trained teachers. Every year around 100 teachers from the Celje region and elsewhere in Slovenia are trained.

The programme *The exchange of needles and syringes for drug users in pharmacies in the Celje region* is carried out in the private pharmacy *Apoteka pri teatru* and in the Žalec pharmacy. Sterile needles and syringes are provided by the Office for Drugs, while the Celje HPI ensures the disposal and destruction of the used needles. Users thus bring their used needles to these pharmacies and exchange them, free of charge, for an equal number of sterile needles with a syringe. In addition, they also receive information about protection against infection and injury and about sources of health assistance and other help. Between October 1998 and the end of 2007, 259 users participated in the programme at the *Apoteka pri teatru* pharmacy, while in the Žalec pharmacy, between January 2001 and the end of 2007, 38 users took part.

IV. The widening of co-ordination in the local community - the co-ordination of local action groups in the River Savinja region

In order to co-ordinate the work of the existing LAGs at regional levels, following a proposal by the Office for Drugs and a decision by the Minister of Health in March 2005 regional co-ordination services for LAGs were appointed for the prevention of addiction. The co-ordination for the River Savinja region was taken on by the Celje HPI. In 2005, its work was directed to co-ordinating the five existing LAGs in the region, which showed great interest in co-operation, in particular in carrying out joint educational services for LAG members and other programmes, as well as for the publication of joint materials. The mayors of all other municipalities in the region were called to set up their own LAGs. At the end of 2007, there were eight in the region: Celje, Velenje Inter-municipal, Slovenske Konjice, Žalec, Rogaška Slatina, Šmarje near Jelše, the municipalities of Laško and Radeče, and Šentjur. Between 2006 and 2007, work was directed at joint training and the co-ordination of activities.

V. Instead of a conclusion

Work relating to the prevention of the abuse of drugs and addiction seems to be a never-ending story, especially when looked at globally. Nowadays, young people, perhaps more than ever before, live in a world of numerous possibilities and choices, including drugs. How much these will feature in their life journeys depends on various factors, the centre of which is the individual. It depends on individuals themselves, their attitude to life and attitude to and expectations from drugs, whether they will reach for them at all, or just try them, and whether drugs will lead them into a world of addiction. An individual is always part of a narrower and wider community which can, to a large extent, provide the right conditions that will enable young people to develop into responsible people with a positive self-image and without the feeling they need to abuse drugs, and offer suitable help when it is needed.

The November One-month Campaign of Raising Awareness *prepared by Marijana Kašnik Janet*

In November, Slovenia conducted a national campaign which is intended for the prevention of licit and illicit drug addiction. Although activities in this field are in progress throughout the whole year, in the month of November we seek to enhance the general public's awareness of problems relating to addiction with planned and more concentrated actions. Simultaneously, we would like to encourage the co-operation and integration of various agents and increase the general public's support in implementing preventive measures. We base our policy on the fact that such actions are supportive yet are not the only measure for modifying people's behaviour a regards drug use and drug abuse.

This year, a minor share of activities was assigned to a media campaign, whereas a larger portion focused on implementation of the guided youth programme.

In addition, along with the general declarations presented via print and broadcast media, a picture with the tag line “Children’s Warning: “Heavy Drinking May Destroy Family Life!”, dealing with the themes of alcohol and family was broadcast on national television, as well as local television. Moreover, a poster was designed which calls on youth to take all aspects of drinking alcohol into consideration. In the local areas, the Local Action Groups ran activities under a common motto “The Local Action in Action”. Different lectures, discussion workshops, round tables, and talk shows in the media were held.

With a view to reach out to youth in the age group that is in great peril of drug experimentation, we drew up a specific programme which strongly appeals to all youth in the age group from 14 to 16 years. In collaboration with experts and the youth involved, a preventive strip entitled “The Dark Side of the Rainbow” was elaborated. The strip apprises young people of growing up and the hazards which can shatter a happy and healthy journey into the world of grown-ups. It is intended for interactive learning, the development of critical thinking and an incentive for dialogue between youth and adults.

Our aim was to stimulate the young people and adults to communicate and to resolve dilemmas of life, such as peer impact, relations between parents and youth, and between teachers and pupils. In order to truly establish dialogue between adults and youth, support materials (lists of actions with key questions for discussions) for teachers and parents were prepared.

As experience has shown, preventive materials without support activities bring no effect. In the worst-case scenario, it may even induce more damage than benefit. Therefore, the strip was distributed during school lessons in the context of a specific thematic lesson. The strip raises key questions related to drug abuse among youth. That is why teachers and/or other experts discussed with the youth the themes of how to decide, deal with problems, and establish goals. The young people practiced the skills of effective communication, sought solutions in “When and Where Seek Help” and improved their skills of resisting peer pressure.

From the very beginning of the programme’s establishment youth have taken an active part. They have guided us according to their viewpoints and ideas, they chose the strip’s main characters, their visual images, colours, the front cover, and carried out the reading test. Considerable emphasis was laid on the programme’s final evaluation. In order to integrate as many youth as possible into the programme, an evaluation was performed via a web survey. It was assessed that such recourse is praised by the young people, moreover, they paid a compliment to the strip.

From 10 to 15 November 2007, every young person then attending the eighth and ninth grades of elementary school in Slovenia, their teachers and mentors, received the strip. Just over 38,000 young people from elementary schools personally received a copy of the strip, while the teachers received a copy, and some copies were distributed among older adolescents and adults. All in all, the total number of printed copies was 40,000.

Since we ascertained on the basis of evaluations that preventive programmes for youth are unequally distributed across Slovenia, in terms of quality as well the number of activities, the decision to prepare such a programme was made. Thereby, as all schools received the same materials (the strip, lists of actions and issue guidelines) we reduced the differences in accessibility to preventive programmes that emerge as a consequence of the specific locations of the centres and periphery.

Report on the awareness-raising campaign about addiction - *NE-ODVISEN.SI* (You are not dependent) *prepared by Tina Gerbec, Bojan Kodelja*

I. The idea

The *NE-ODVISEN.SI* campaign followed an initiative from IMC, a company involved in marketing communication, where we are aware of the issues relating to various addictions and the results. We are convinced that prevention is crucial from early childhood onwards, that even the youngest children need to be informed, in an appropriate way, about what addiction is and that it is bad, something that is best avoided, and then supplement this message and spread it among older children, young adults and adults, i.e. parents and teachers. We wish to emphasise positive values in the life of an individual that are worth building on in the long term.

II. Key players

It is obvious that we were not alone in our belief as we were soon joined by a large number of respected Slovenian experts in this area, as well as business people, companies, professional institutions, education institutions and local action groups. The campaign was supported by all municipalities in the Primorska region and local mayors were directly involved, as were police representatives who emphasised the importance of safety and prevention in all areas, especially road safety. Numerous Slovenian musicians, sports people and media celebrities played an active part in the campaign and helped it to attract greater media attention.

The key campaign players

Individual experts
Project partners - large companies in the Primorska region
23 Primorska municipalities (Ajdovščina, Bovec, Brda, Cerkno, Divača, Hrpelje-Kozina, Ilirska Bistrica, Kobarid, Tolmin, Kanal ob Soči, Idrija, Izola, Komen, Koper, Miren-Kostanjevica, Nova Gorica, Piran, Pivka, Postojna, Renče-Vogrsko, Sežana, Šempeter-Vrtojba in Vipava)
Ministry of the Interior (Police Directorates of Nova Gorica, Postojna and Koper)
Health institutions
Local action groups
Education institutions (nurseries, primary schools, secondary schools)

Source: International marketing company, 2007

III. Campaign goals

The goal of the campaign, which took place between 15 October and 22 November 2007 right across the Primorska region and included all 23 municipalities with a total population of approximately 270,000, was to inform children, young adults and their parents about the negative effects of the use of drugs, alcohol, cigarettes and excessive use of the Internet, as well as other forms of addiction. However, the goal was not just to draw attention to dangers related to addiction, but also to *convey knowledge and develop skills, with the help of which children, young adults and parents can make responsible decisions about the limitation of all sorts of addiction and be aware of the consequences of addiction.* Thus the main activities were directed at education and awareness-raising, as well as providing information.

IV. Target groups

The primary target group of the campaign was pre-school children, primary school children and young adults, while the secondary group their parents and adults in general. That is why the project included the following schools in Primorska: 62 primary schools, 40 secondary schools, 32 nurseries within the framework of schools and 13 independent nurseries.

V. Activities and products

The organisers arrived in the host municipality in a yellow bus, which was decorated with the graphic image of the campaign, including the figure of a person with their arms raised high as a sign of victory over addiction. The yellow bus was hired exclusively for the needs of the organiser and the campaign. In individual municipalities, the organisers *staged a puppet show for the youngest children, a talk with young adults* and *a discussion for parents.*

Two special symbolic events were *Wreckage as a memento and warning,* in which a wrecked car was put on display in a prominent place in a municipality as a warning about the consequences of driving under the influence of alcohol and illicit drugs, and *Draw a line from Nova Gorica to Koper*.

For each target group, the campaign involved *different communicational elements*. *Three issues of the thematic newspaper* NE-ODVISEN.SI *were published, as well as a colouring book* for the youngest, *a cartoon* with the title *Izbira je tvoja* (The Choice is Yours) for young adults, *a reference book for parents* entitled *Govori z otrokom* (Talk to Your Child)*, napkins for catering establishments, a flyer for mayoral invitations, a flyer with a statement from a business person, a poster informing people living in the municipality about the campaign and a poster for schools.*

Other means of communication were: *live characters*, who on the streets of each municipality presented the problems relating to those addicted, thus attracting the attention of passers-by; *a song* and *a video spot* entitled *Draw the Line*, involving a number of Slovenian musicians. The song was created by the guitarist Bor Zuljan (music and arrangement) and Iztok Novak "Easy" (lyrics), the latter was also the main character in the *film* A Damn Narrow Line. This 30-minute film was created within the framework of the campaign and screened at the discussions for parents and teachers. It shows four forms of addiction (drugs, cigarettes, alcohol and the Internet), and the main characters (addicts) experience a tragic end, leaving a painful imprint on the audience.

All the printed material, the song, the video spot and detailed information about the campaign can be found at www.ne-odvisen.si. The website was also one of the campaign's central elements of communication. In addition to information about the partners, where to get help and useful links, it also includes information for the media which followed the campaign daily.

VI. The results of the campaign

The campaign finished with two *thematical talks, one in Koper and one in Nova Gorica, on 21 and 22 November 2007.* On its month-long journey around the Primorska region, the campaign visited all 23 municipalities and, due to the good media coverage, made a deep impression on all the participants. In each municipality, at least three events took place and were attended by a total of over 5,700 children, over 6,400 young adults and 3,200 parents.

- **Activities:**

Activity:	Result:
Puppet show for young children	Attended by over 5,700 children
A talk with young adults	Attended by over 6,400 young adults
Expert discussion for parents	Attended by over 3,200 parents
Together:	Over 15,300 people involved

Source: International marketing company, 2007

- **Products:**

Product:	Number of copies:	Distribution:
NE-ODVISEN.SI newspaper	3 issues; 20,000 copies each	Free of charge on the day the campaign visited the municipality
Colouring book for young children	20,000 copies	Handed out free of charge at puppet shows
The cartoon *Izbira je tvoja*	20,000 copies	Handed out free of charge at talks with young adults
The reference book for parents *Govori z otrokom*	20,000 copies	Handed out free of charge at expert discussions for parents
Napkins for catering establishments	100,000 copies	Handed out free of charge to catering establishments in all the municipalities
Flyer for the mayoral invitation	120,000 copies	Attached to the mayoral invitations to discussions for parents
Flyer with a statement from a business person	9x 2,000 copies	Own distribution
Poster (50x70)	13,000 copies	Posters informing the inhabitants in individual municipalities
Poster for schools (100x140)	7,800 copies	Poster informing children and young adults in schools

Source: International marketing company, 2007

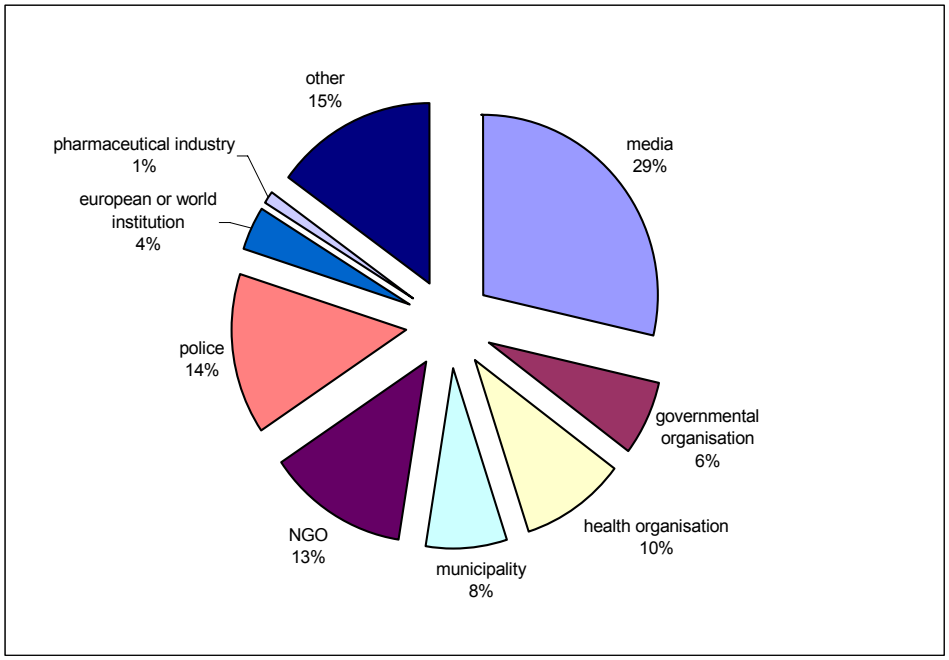
Communicating illicit drug issue to the Slovenian mass media *prepared by Andreja Drev, Marko Cerar*

The coverage of illicit drugs and related issues in the mass media largely also depends on communication skills of and messages mediated by the main communicators (organisations working in the drug field). With the research presented in this article we wanted to find out who are the main communicators of illicit drug issue. Further, we were also interested in finding out to what extent the messages on illicit drugs mediated by the main communicators to the Slovenian mass media met the media interest. In addition, we looked at what are the main themes related to drugs that get published, and what is the main style of reporting on illicit drugs in the Slovenian mass media.

We systematically gathered articles on illicit drugs and related issues in 11 Slovenian forms of mass media, printed and electronic. The time frame of the data collection was one year: from 1 January until 31 December 2005. In the final sample for the analysis, 369 news items on illicit drugs were included. Then data analysis was performed by employing the SPSS statistical package. Basic techniques of descriptive statistical analysis were used.

Results
On the basis of the research results we can conclude that the main communicators on illicit drugs and related issues are the police, NGOs and health organisations. 14% of all articles published in the mass media were published on the initiative of the police, 13% on the initiative of NGOs and 9.8% on the initiative of health organisations (Figure 3.1).

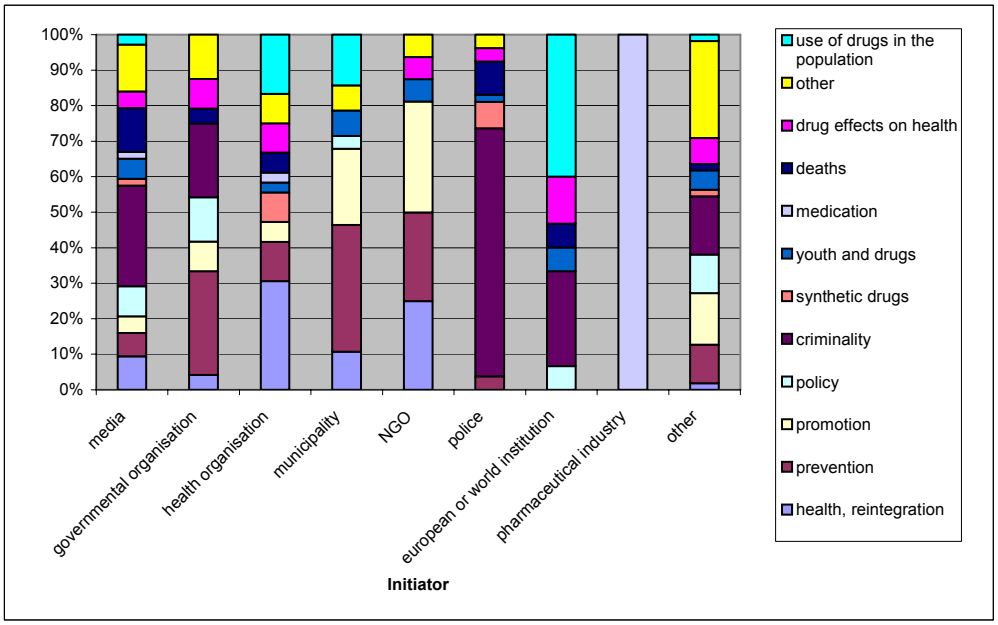
Figure 3.1 *Percentage share of articles about illicit drugs, by initiators, Slovenia, 2005 (N=369)*



Source: Institute of Public Health of the RS, Drugs and Media, 2007

The investigation into what themes are mediated to the Slovenian mass media by a specific communicator revealed that the police mainly mediate messages on illicit drug-related crime and deaths, NGOs on promotion and health organisations on treatment and reintegration. On the other hand, among the articles published on the initiative of the mass media, the highest proportion is on criminality (Figure 3.2). Therefore, we can conclude that the interest of the mass media regarding illicit drugs is very often limited to sensational and negative news, and that the police as a communicator met the needs of the mass media to the largest extent while mediating messages on drug-related crime and deaths.

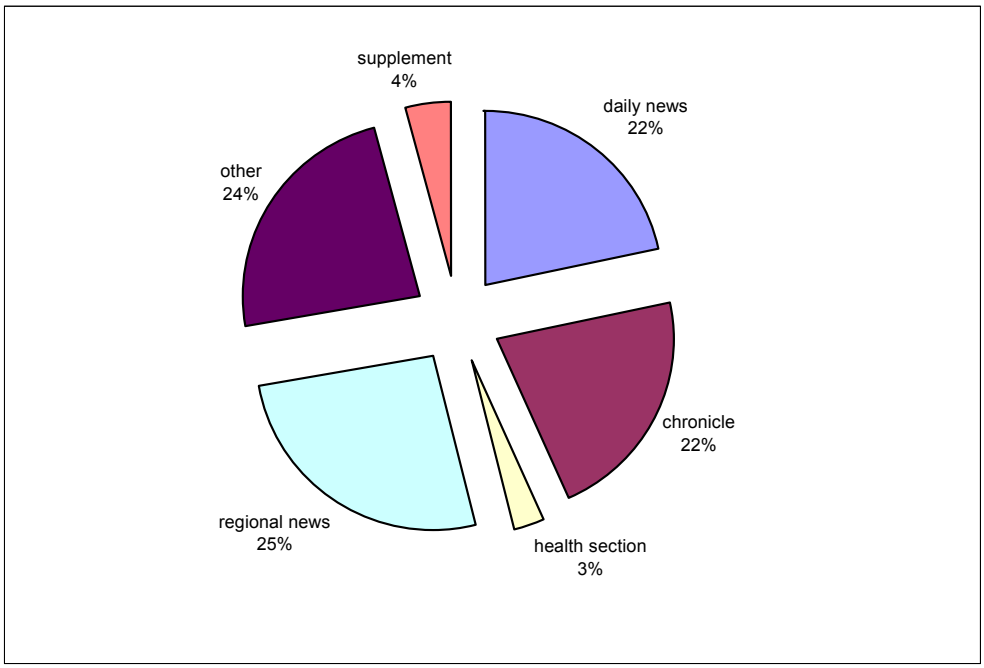
Figure 3.2 *Percentage share of topics addressed, by initiator, Slovenia, 2005 (N=369)*



Source: Institute of Public Health of the RS, Drugs and Media, 2007

Further investigation regarding the style of reporting on illicit drugs showed that news and reports are the prevailing journalistic genre for articles on illicit drugs in the Slovenian mass media. The classification of the collected articles regarding their headings showed that 26% of the articles on illicit drugs were published as regional news, 23% of the articles failed to be classified in any of the pre-designed headings and 21% of the articles were published as a chronicle (Figure 3.3). The abovementioned data suggest that articles on illicit drugs are not positioned very high up on the media agenda.

Figure 3.3 *Articles about illicit drugs by their position in the media, Slovenia, 2005 (N=369)*



Source: Institute of Public Health of the RS, Drugs and Media, 2007

Our research also pointed out that the authors of articles on illicit drugs are rarely a journalist specialised in drugs or health. The majority of articles are written by a single-appearance journalist, regional correspondents and authors revealing only the initials of their name. According to this data, we can conclude that the mass media coverage of illicit drugs and related issues is often superficial.

Conclusions

The mass media's coverage of illicit drug issues is superficial and mainly oriented to the criminal aspect of illicit drugs. Moreover, the articles are often written by a journalist who is not specialised in illicit drugs or health and does not regularly cover the issue. Further, articles on illicit drugs are very often published as fillers of unused space. Therefore, NGOs and health organisations working in the drug field as some of the main communicators should take steps to redirect the interest of the mass media away from the criminal aspect of illicit drugs to the public health aspect so the main stress transforms to the advantages of non-drug use and/or the consequences of drug abuse. They should also make an effort to upgrade the importance of themes related to illicit drugs on the mass media's agenda and, furthermore, to influence the mass media to deepen its coverage of the area.

Selective prevention

No new information available.

Indicated prevention

No new information available.

4. Problem Drug Use

Overview / summary of the prevalence and characteristics of problem drug use and the treatment demand population *prepared by Barbara Lovrečič*

In Slovenia the prevalence of problem drug use is routinely and yearly available for the 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 data collected through the CPTDA, network clients treated in outpatient treatment centres were reported. The reporting system on the drug treatment demand indicator (DTDI) in Slovenia started in 1991 at the NIPH. The DTDI routinely covers the national CPTDA network composed by 18 CPTDAs.

According to the 2007 data, among all recorded drug users demanding their first drug-related treatment (N=356) in Slovenia there were 77.2% of males and 22.8% of females, the average age was 26.5 years (the youngest person was 16 years and the oldest was 52 years). On average, a new client was 20.0 years old at their first use of the main drug. The majority, 93.9%, demanded treatment due to opioids (91.3% for heroin), 5.1% for cannabis and 0.8% for cocaine as the primary drug problem. There were 37.1% mono (92.4% reported heroin use, 5.3% reported cannabis), 34.3% bi (54.9% used heroin and cannabis, 23.8% heroin and cocaine and 28.7% of poly (38.2% reported the use of heroin, cocaine and cannabis) drug users among new clients, everyday use prevails (65.4%) prior to treatment, while the average length of a drug career prior to treatment was 46.2 months or almost 4 years. 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 who had ever injected any drug reveals the following: 56.4% reported injecting a drug; one-third currently injected any drug (the last 30 days); one-quarter reported the shared use of a needle or other equipment when injecting, and more than one-half practiced unsafe sex during their last sexual intercourse.

Historically in Slovenia, in terms of medical treatment and extent of addiction, the predominant type of client at first treatment is still a male, less than 30 years old, a heroin user with everyday use of heroin prior to treatment, the user of more than just one drug and often a poly-drug user.

In 2008 the last national prevalence estimate of problem drug use for 2004 for Slovenia was obtained. 10,654 intravenous drug users or long duration/regular users of opiates, cocaine or amphetamines in the age group from 15 to 64 years old were estimated (with one treatment centre being excluded from the calculation).

Prevalence and incidence estimates of PDU *prepared by Mercedes Lovrečič, Barbara Lovrečič*

After carrying out a national prevalence estimate of problem drug use (PDU) for 2000 and 2001, no further estimates were obtained until 2008.
The EMCDDA's definition of the target population was adopted (intravenous drug use (IDU) or long duration/regular use of opiates, cocaine or amphetamines, during a one-year period, in the age group 15-64). The preliminary results for these two years were 5.4/1,000 and 5.3/1,000 of the population aged 15 to 64, respectively.

Regarding the local estimation, the rate of crude incidence was reported as 0.2 per 1,000 Slovenian inhabitants (the specific incidence at the age of 15 to 19 is 1 person/1,000 per year) for the period from 1992 to 2003 (for more information please see previous reports).

Prevalence estimates of PDU *prepared by Marko Cerar, Nejc Bergant, Mercedes Lovrečič, Inge Lenarčič, Peter Skerbiš*

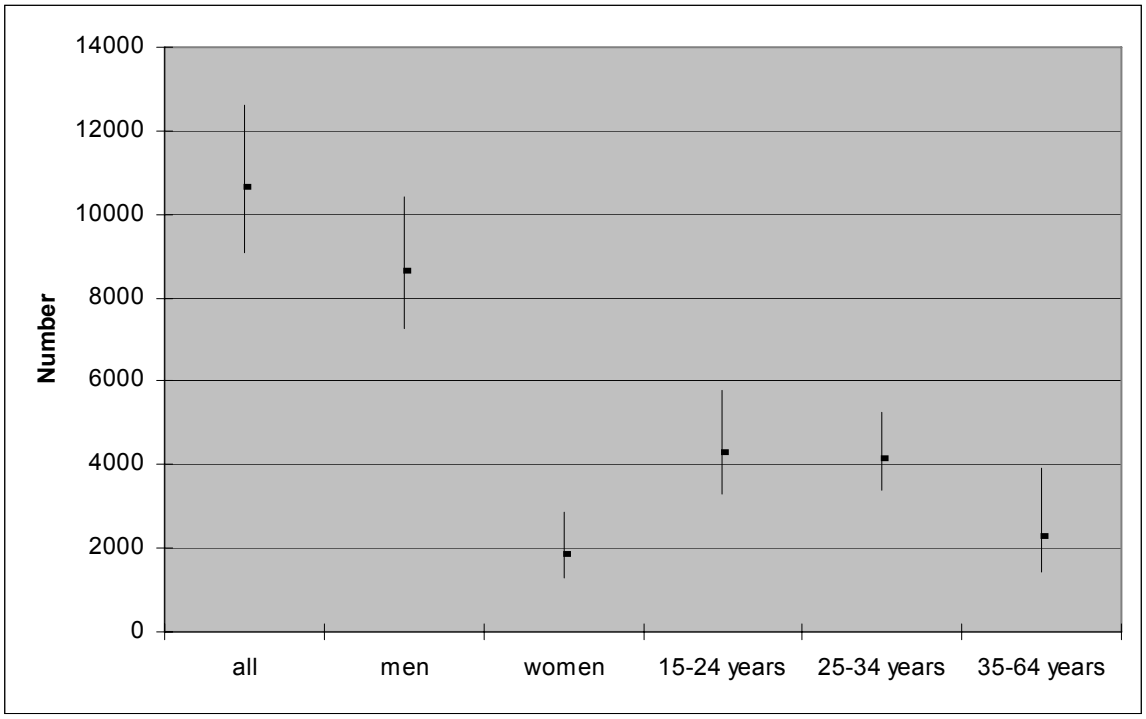
In the EMCDDA context, problem drug use is defined as 'injecting drug use or long duration/regular use of opioids, cocaine and/or amphetamines' in the age group 15-64 years during a one-year period. This definition was used to obtain a prevalence estimate of PDU for Slovenia.

The first prevalence estimate in Slovenia was obtained for the years 2000 and 2001. The prevalence estimate was updated for the 2004 calendar year. A two-sample sources capture-recapture method (CRC) was used: treatment data from outpatient treatment centres (network of Centres for the Prevention and Treatment of Illicit Drug Addiction) and police data (notifications on misdemeanours and felonies in connection with drugs on a personal basis). Due to legislation on the protection of personal data in the Republic of Slovenia, data identifying individuals (e.g. surnames) were omitted from databases. Therefore, a soundex code, date of birth and gender were used to identify the number of known users and to identify overlaps in both data sources. Due to the fact that data from one treatment centre were unavailable, the results are provided without the area covered by that treatment centre.

Log-linear models have been created and used to provide an estimate of the hidden population of problem drug users and 95% confidence intervals (CI). The same procedure was used to provide prevalence estimates by gender and age groups. The results are shown in Figure 4.1.

The estimate for Slovenia (excluding the mentioned treatment centre) was 10,654 problem drug users in the age group 15-64 years (95% CI: 9078-12593). The estimates were higher than in 2000 and 2001 when they were 7,535 and 7,399, respectively. Since there were differences as regards the data and details in methodology for the previous analysis, comparisons should only be made with caution.

Figure 4.1 *Number of problem drug users (with 95% CI), Slovenia (excluding one centre), 2004*



Source: Information Unit for Illicit Drugs, National Institute of Public Health of the RS, 2008

The rates of problem drug users per 1,000 people are indicated in Table 4.1.

Table 4.1 *Rates of problem drug users per 1,000 persons (with 95% CI), Slovenia (excluding one centre), 2004*

Category	Population of Slovenia*	Rate**	95% CI
All (15-64 years)	1369489	7.78	6.63-9.2
Men (15-64 years)	695943	12.4	10.44-14.95
Women (15-64 years)	673546	2.79	1.95-4.29
15-24 years	262025	16.41	12.59-22.02
25-34 years	289228	14.38	11.72-18.11
35-64 years	818236	2.82	1.77-4.76

*Source: Statistical Office of the Republic of Slovenia, http://www.stat.si/
**Source: Information Unit for Illicit Drugs, National Institute of Public Health of the RS, 2008

The results of the prevalence estimate of PDU indicate a significant increase in the number of PDU in Slovenia in the 2000-2004 period. It should be mentioned, however, that the results for the years 2000 and 2001 were preliminary results. Moreover, the results of the prevalence estimate of PDU should also be discussed in a broader reference group.

Treatment Demand Indicator *prepared by Barbara Lovrečič, Mercedes Lovrečič*

The reporting system on the drug treatment demand indicator (DTDI) in Slovenia started in 1991 at the NIPH. The DTDI routinely covers the national CPTDA network composed by 18 CPTDAs and the CTDA (Figure 4.2). In the capital Ljubljana there are two drug-treatment services: an outpatient CPTDA and the CTDA (outpatient, inpatient unit) at the Psychiatric Clinic.

The questionnaire Drug Users Treatment Evidence (DUTE) is harmonised with the PG (Pompidou Group)/EMCDDA TDI standard protocol. 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). The data were collected by a face to face questionnaire and by individual data (for more information please see previous reports).

Figure 4.2 *Distribution of the network of CPTDAs in Slovenia*

Source: National Institute of Public Health of the RS, 2004

During the 2005-2007 period in Slovenia some obstacles emerged due to implementation of the legislation on the protection of personal data as well as the internal reorganisation of the Institute. This influenced the data collection process. Before 2005 the national monitoring system covered 18 reporting treatment centres, estimated as 94.7% (for new and old clients) of national coverage.

In the period from 2005 to 2007 the percentage of national coverage oscillated for new clients: from the minimum of 84.2% in 2006 to the maximum of 89.5% in 2005 and 2007; and for old clients: from the minimum of 78.9% in 2006 to the maximum of 84.2% in 2005 and 2007 (Table 4.2).

Table 4.2 *The estimated proportion (%) of reporting treatment centres, by type of clients, covered by the national monitoring system, 2003-2007, Slovenia*

Year	New clients (%)	Old clients (%)
2003	94.7	94.7
2004	94.7	94.7
2005	89.5	84.2
2006	84.2	78.9
2007	89.5	84.2

Source: Information Unit for Illicit Drugs, Institute of Public Health of the RS, 2008

For more information please see previous reports.

Profile of clients in treatment: characteristics, patterns of use *prepared by Barbara Lovrečič, Mercedes Lovrečič*

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 for 2007 can be outlined.

In 2007, 356 new clients (firstly treated) were reported (276 of them were never previously treated in any specific nor non-specific treatment programme for drug problems) by outpatient 17 CPTDAs. Among all recorded drug users demanding first treatment, there were 77.2% of males and 22.8% of females. According to the 2007 data, the first treated drug user was on average 26.5 years old: the youngest person demanding treatment was 16 years old, while the oldest was 52 years. Three-quarters (75.8%) of them were less than 30-years old, about one-third (34.4%) of all were from the age group of 20-24 years and another third (33.5%) of all were from the age group of 25-29 years, 7.9% were teenagers*, 9.4% of all were 35 or more years old. In 2007, 333 old clients (with at least a 3-month period of dropping out from treatment) (repeatedly treated) were reported by 15 CPTDAs, among them 94.3% of males and 5.7% of females. The old client was on average 29.1 years old: most frequently from the age group of 25-29 years (41.9%) or 30-34 years old (22.3%), whereas 15.3% of all were 35 or more years old (Table 4.3).

* Teenager here means a 19 year old or younger person.

Table 4.3 *Overview of clients in outpatient CPTDA treatment, Slovenia, 2007*

		New client (first treated)	Old client (repeatedly treated)
Number of clients		356	333
Male (%)		77.2	94.3
Female (%)		22.8	5.7
Average age (years)		26.5	29.1
Age distribution (%)	<15 years	0	0
	15-19	7.9	0.6
	20-24	34.4	19.9
	25-29	33.5	41.9
	30-34	14.9	22.3
	35-39	5.4	8.7
	40-44	1.4	5.1
	45-49	2	0.6
	50-54	0.6	0.9
	55-59	0	0

Source: Information Unit for Illicit Drugs, Institute of Public Health of the RS, 2008

In 2007, 91.3% of new clients demanding treatment sought help with heroin being their main drug problem. On average, a newly treated client was 20.0 years old regarding the first use of their main drug. Focusing on the frequency of use of the main drug, we may deduce that everyday use prevails (65.4%) among first treated clients, on the other hand only 12.4% of first-time clients did not use their main drug in the last 30 days. The average length of a drug career prior to treatment was, according to the 2007 data, around 46.2 months or almost 4 years. On the other hand, old clients were on average 19.6 years old upon their first use of their primary drug, on average they were 29.1 years old at the time of actual treatment, in 96.1% of cases they sought help due to heroin, 60.9% of them use their main drug every day, only in 18.9% of cases had they not used their main drug in the last month, while the average length of the main drug career was 67.4 months - more than 5.5 years (Table 4.4).

Table 4.4 *Selected characteristics of clients by type of contact, Slovenia, 2007*

	New client (first treated)	Old client (repeatedly treated)
Average age upon starting treatment (years)	26.5	29.1
Everyday use of main drug (%)	65.4	60.9
Average age upon first use of primary drug (years)	20.0	19.6
Average length of main drug career (months)	46.2	67.4
Not used main drug in the last month (%)	12.4	18.9
Admission due to heroin (%)	91.3	96.1

Source: Information Unit for Illicit Drugs, Institute of Public Health of the RS, 2008

Taking education and employment status into consideration: 40.5% of new clients and 39.9% of old clients only had a basic or lower education level; 51.4% of new and 62.8% of old clients were unemployed.

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 4.5) who had ever injected any drug reveals the following:

- most old clients had injected a drug at least once, further 56.4% of new clients reported injecting a drug;
- a higher percentage of those currently injecting any drug (in the last month) is evidenced by the old clients (43.8%) as opposed to one-third among new clients;

- the shared use of a needle or other equipment when injecting is reported by nearly half of the old and one-quarter of the new clients;
- more than half the clients demanding treatment (irrespective of the type of contact) pointed out that they had practiced unsafe sex during their last sexual intercourse.

Table 4.5 *Selected risk-behaviour characteristics of clients by type of contact, Slovenia, 2007*

Risk behaviour (in%)	New client (first treated)	Old client (repeatedly treated)
Ever injected any drug	56.4	80.9
Currently injecting any drug (in the last month)	32.1	43.8
Injecting primary drug	37.2	60.4
Ever shared a needle when injecting	24.4	47.6
Ever shared other equipment when injecting	33.7	52.5
Unsafe sex in last sexual intercourse (non-use of a condom)	56.7	51.6

Source: Information Unit for Illicit Drugs, Institute of Public Health of the RS, 2008

In 2007, seven CPTDAs also reported 877 clients in continuous drug outpatient treatment from 2006. Among all 1,566 reported clients (first, repeated, continuous treatment) in CPTDAs in Slovenia in 2007, 76.6% were males and 23.4% were females. The average age was 30.8 years, 51.2% of all of them were less than 30 years old, most frequently (35.7%) between 25 and 29 years, and in second place (25.8%) between 30 and 34 years. Regarding education level, 3% never completed primary school (3.2% of males and 2.6% of females); 37.2% had already finished the primary level of education (39.2% of males and 30.1% of females) - in conclusion, 40.2% had a low education (42.4% of females and 32.7% of males). On the other side, 55.6% had already finished the secondary level of education (53.8% of males and 61.5% of females) and 1.7% had finished higher education (1.7% of males and 1.9% of females).
Regarding labour status, 56.9% were unemployed (57% of males and 56.4% of females), while 24.7% had regular employment (26.6% of males and 17.9% of females); 9.3% still had pupil/student status (6% of males and 20.5% of females). 2% were homeless.

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

Focusing on the main characteristics of drug users can clarify 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 as provided by CPTDAs in 2007.

In 2007, 356 new clients were reported by outpatient CPTDAs, 77.2% were males and 22.8% females. According to the 2007 data, the new client was on average 26.5 years old: the youngest was 16 years old, while the oldest was 52 years. Three-quarters (75.8%) of them were less than 30 years old, about one-third (34.4%) were from the age group 20-24 years and another third (33.5%) were from the age group of 25-29 years, 7.9% were teenagers*, 9.4% of all were 35 or more years old. As in previous years, the majority of new clients, 94%, demanded treatment due to opioids (91.3% for heroin), 5% for cannabis and 1% for cocaine as their primary drug problem. In Slovenia heroin and cannabis remain the prevailing drugs reported by clients in drug treatment.

The classification of reported drug users according to the different types of drug use reveals that there were 37.1% mono, 34.3% bi and 28.7% of poly drug users among new clients. Table 4.6 indicates the prevailing mono type; nonetheless, there are a few more percent among males of mono and bi, but less poly drug users than female ones.

* Teenager here means a 19 year old or younger person.

Table 4.6 *Type of drug user by gender, Slovenia, 2007*

Year	**2007**		
Type of drug user/Gender	**Male**	**Female**	**Total**
mono (%)	37.8	34.6	37.1
bi (%)	34.5	33.3	34.3
poly (%)	27.6	32.1	28.7

Source: Information Unit for Illicit Drugs, Institute of Public Health of the RS, 2008

Focusing on the type of drug, we can highlight the following:
- almost all (92.4%) of mono drug users reported heroin use, 5.3% of them reported cannabis;
- the majority of bi drug users used heroin and cannabis (54.9%), followed by heroin and cocaine (23.8%); and
- the majority (38.2%) of poly drug users reported the poly use of heroin, cocaine and cannabis.

In 2007 at the time of first treatment 35.3% of male and 43.2% of female clients reported the injection of their primary drug, 32% of males and 32.1% of females had currently injected any drug (30 days prior to treatment); 52% of males and 64.2% of females reported the lifetime injection of any drug, 20.4% of males and 35.8% of females reported the lifetime sharing of a needle and 29.1 of males and 46.9% of females reported the lifetime sharing of other equipment for injection, 54.2% of males and 63% of females had had unsafe sex in their last sexual intercourse (non-use of condom).
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 4.7).

Table 4.7 *Selected risk-behaviour characteristics of clients by gender, Slovenia, 2007*

Risk behaviour (in %)	**Male**	**Female**	**Total**
Injecting primary drug	35.3	43.2	37.2
Currently injecting any drug (in the last month)	32.0	32.1	32.1
Ever injected any drug	52.0	64.2	56.4
Ever shared a needle when injecting	20.4	35.8	24.4
Ever shared other equipment when injecting	29.1	46.9	33.7
Unsafe sex in last sexual intercourse (non-use of a condom)	54.2	63	56.7

Source: Information Unit for Illicit Drugs, Institute of Public Health of the RS, 2008

Profile of clients in treatment: trends *prepared by Barbara Lovrečič, Mercedes Lovrečič*

On the basis of the data collected through the CPTDA network in the 2005-2007 period in Slovenia, 1,185 new clients were reported in outpatient treatment centres through the DUTE questionnaire. In spite of the apparent decrease in reported new clients in the 2005-2007 period, any interpretation of the data should be prudent and consider some important facts which influenced the data collection process (the Personal Data Protection Act, institutional reorganisation, proposals for new legislation about health data collection). Although the process of data collection and the quality of collected data could and should be improved some epidemiological information still emerged.

In the 2005-2007 period among reported new clients a higher prevalence of male drug users was reported, the average age at their first treatment rose (from 24.6 in 2005 to 26.5 in 2007); the most frequent age group was 20 and 24 years, but the age groups from 25 to 49 years all showed an increase (Table 4.8).

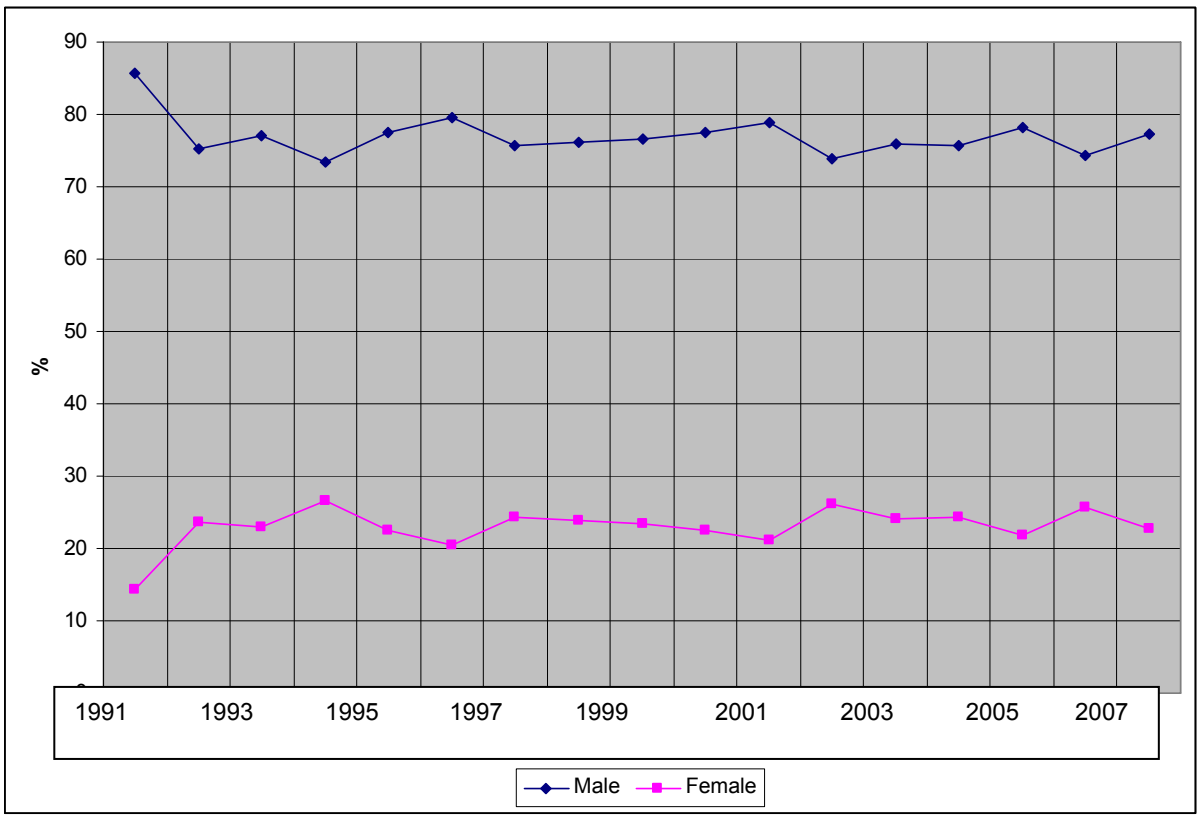
Table 4.8 *Overview of new clients in treatment, Slovenia, 2005-2007*

Year		**2005**	**2006**	**2007**
Number of new clients (first treatment)		442	387	356
Number of reporting CPTDAs/%		17/89.5	16/84.2	17/89.5
Male (%)		78.1	74.4	77.2
Female (%)		21.9	25.6	22.8
Average age (years)		24.6	25.5	26.5
Age distribution (%)	<15 years	0.9	0.5	0
	15-19	13.3	9.8	7.9
	20-24	40.7	39.8	34.4
	25-29	30.1	30.2	33.5
	30-34	10.4	13.2	14.9
	35-39	2.7	2,8	5.4
	40-44	0.5	1.8	1.4
	45-49	1.1	0.8	2
	50-54	0.2	1	0.6
	55-59	0	0	0

Source: Information Unit for Illicit Drugs, Institute of Public Health of the RS, 2008

Figure 4.3 allows us to deduce that among all reported new clients in Slovenia in the period from 1991 to 2007 the incidence of male drug users was higher, the average male/female ratio is 3:1, most drug users were still male in the 2005-2007 period.

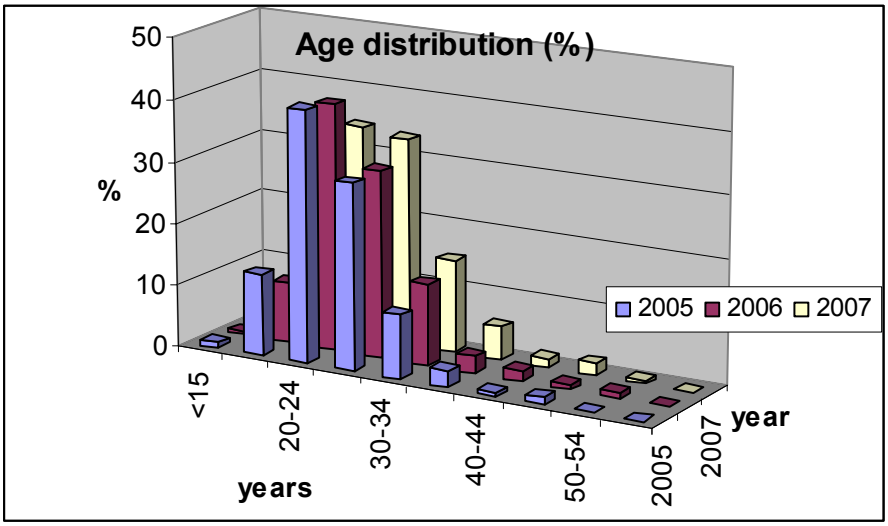
Figure 4.3 *Proportion (percent) by gender among new clients, 1991-2007, Slovenia*



Source: Information Unit for Illicit Drugs, Institute of Public Health of the RS, 2008

Figure 4.4 indicates a different age group and distribution among new clients in the period from 2005 to 2007 in Slovenia. The majority of new clients were young, most of them were aged between 20 and 24 years, with the second place going to those aged between 25 and 29 years.

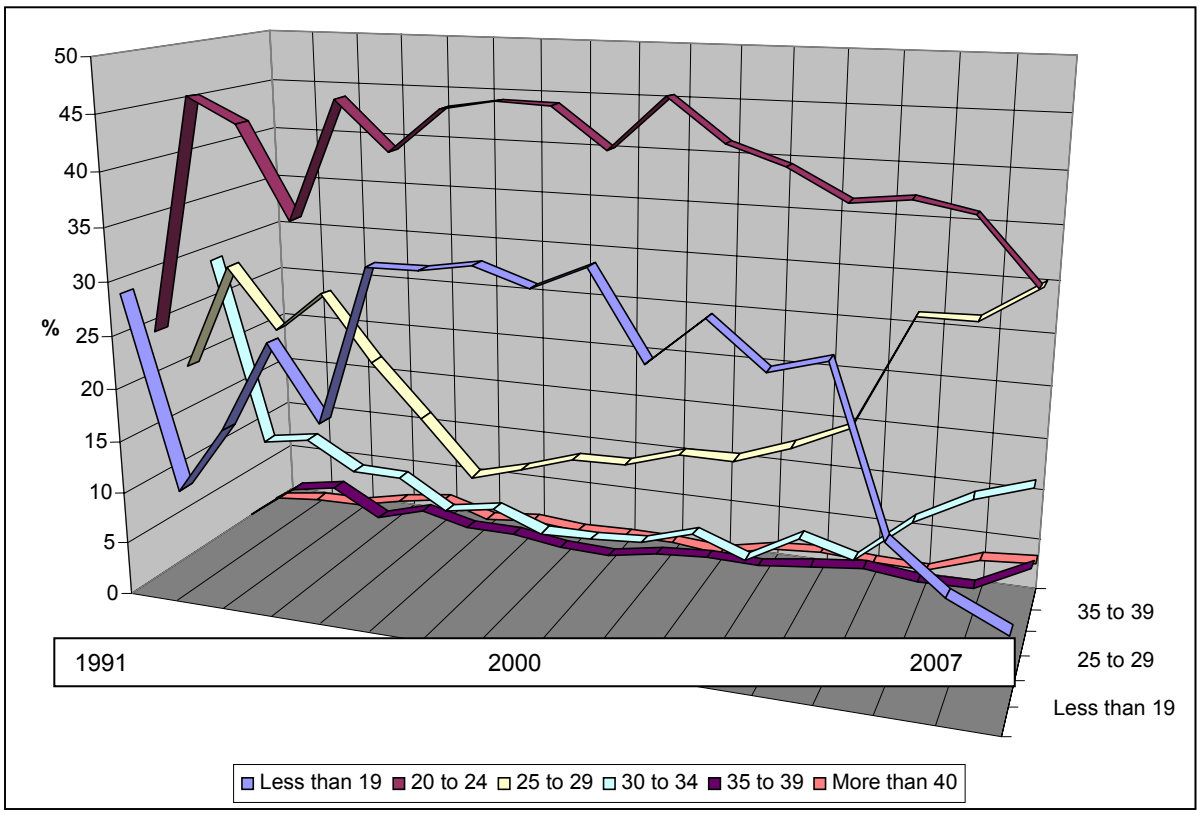
Figure 4.4 *Age distribution (%) by age group among new clients, 2005-2007, Slovenia*



Source: Information Unit for Illicit Drugs, Institute of Public Health of the RS, 2008

Figure 4.5 reveals the age distribution by different age groups among all Slovenian reported new clients in the period from 1991 to 2007. Most of them (approximately 40%) during all periods were aged between 20 and 24 years; up until 2004 the second most frequent age was less than 19 years, but from 2004 to 2007 second place was held by those aged between 25 and 29 years. In conclusion, generally there was a substantial decrease in those aged less than 25 years and an increase in those aged more than 25 years.

Figure 4.5 *Age (years) distribution of new clients, 1991-2007, Slovenia*



Source: Information Unit for Illicit Drugs, Institute of Public Health of the RS, 2008

According to the data, most admissions to first outpatient treatment centres in Slovenia were due to heroin problems (an increase from 2005 to 2007), followed by cannabis (7.9% in 2005; 7% in 2006 and 5.1% in 2007), cocaine (1.6% in 2005, 0.8% in 2006 and 0.8% in 2007) (Table 4.9).
Based on the data presented in Table 4.9, we may conclude that among first clients most clients demanded treatment due to heroin problems, the majority report the everyday use of their main drug at the moment of their first treatment, only a few clients reported non-use of their main drug in the last month prior to treatment, the average age upon entering treatment is rising, as is the average age of first use of their primary drug and the average length of the main drug career.

Table 4.9 *Selected characteristics of first clients, Slovenia, 2005-2007*

Year	**2005**	**2006**	**2007**
Average age upon entering treatment (years)	24.6	25.5	26.5
Admission due to heroin (%)	86.9	90.2	91.3
Everyday use of main drug (%)	62.7	69.7	65.4
Not used main drug in the last month (%)	10.9	11.1	12.4
Average age upon first use of primary drug (years)	19.2	19.8	20.0
Average length of main drug career (months)	39.0	36.5	46.2

Source: Information Unit for Illicit Drugs, Institute of Public Health of the RS, 2008

Table 4.10 indicates different types of drug use among Slovenian new clients in the period from 2005 to 2007. The classification of reported new clients according to different types of drug use reveals that one-third were mono type users, one-third bi type drug users, while less than one-third were poly drug users.

Table 4.10 *Type of drug users among new clients by gender, Slovenia, 2005-2007*

Year	**2005**		**2006**		**2007**	
	male	**female**	**male**	**female**	**male**	**female**
mono (%)	38.7	32.6	34.1	41.7	37.8	34.6
bi (%)	34.9	45.3	39.7	30.2	34.5	33.3
poly (%)	26.5	22.1	26.1	28.1	27.6	32.1

Source: Information Unit for Illicit Drugs, Institute of Public Health of the RS, 2008

The comparison between risk behaviour and gender shows differences in injecting the primary drug, lifetime injection of any drug, unsafe sexual intercourse and sharing a needle and other equipment. It is interesting that an almost equal proportion of drug users had been injecting drugs in the last 30 days. The data show that in general female drug users practice more risky behaviour than male drug users; however in the period from 2005 to 2007 in Slovenia there was a decrease in the injection of the primary drug, on the other hand there was also an increase in unsafe sex in the last sexual intercourse (non-use of a condom) (Table 4.11).

In the 1991 to 2007 period, we noticed a decreasing trend of injecting among new clients in the drug treatment programme of CPTDAs. The sharing of needles and equipment for injecting has also been falling.

Table 4.11 *Selected risk behaviour characteristics of new clients by gender, Slovenia, 2005-2007*

Year	**2005**		**2006**		**2007**	
Risk behaviour (in %)	**male**	**female**	**male**	**female**	**male**	**female**
Injecting primary drug	44.9	51.5	41	44.4	35.3	43.2
Currently injecting any drug (in the last month)	45.8	42.3	38.9	42.4	32.0	32.1
Ever injected any drug	58.3	63.9	57.3	57.6	52.0	64.2
Ever jointly used needle when injecting	30.7	46.2	25.3	33.3	20.4	35.8
Ever jointly used other equipment when injecting	31.3	43.3	31.6	44.4	29.1	46.9
Unsafe sex in last sexual intercourse (non-use of a condom)	53.3	61.9	53.5	63.6	54.2	63

Source: Information Unit for Illicit Drugs, Institute of Public Health of the RS, 2008

For more information please also see previous reports.

PDU from non-treatment sources

No new information available. For more information please see previous reports and Health correlates and consequences.

Intensive or frequent patterns of use

For more information please see Drug use in the population.

5. Drug-related Treatment

Overview / summary of framework strategies and interventions in relation to drug-related treatment *prepared by Mercedes Lovrečič*

Slovenian drug strategies identify treatment as being effective in tackling problem drug use and, therefore, attribute great importance to the diversification of available treatment options. Drug specific counselling, care and treatment services are provided by specialised centres (CPTDAs) within a nationwide network. These services, primarily in the outpatient sector (primary, general health care system), mainly include substitution treatment, but also drug-free treatment. In the past decade, the inpatient drug-related treatment sector has seen a development from longer to short term treatment (6 weeks), to more flexibility with regard to possible kinds of (also medical) therapy. This also means that a variety of substitution treatment substances may be prescribed. In quantitative terms, substitution treatment (oral methadone maintenance) has become (in the last 15 years) the most important form of therapy in Slovenia. In 2007 in Slovenia substitution treatment possibilities of heroin addiction increased with a new substance which is a combination of buprenorphine and naloxone (registered as Suboxone); buprenorphine and long-acting morphine are also available.

In 2007, a qualitative exploration was performed in Slovenia of the aspects of management, organisation and costs of substitution maintenance treatment (SMT), with detailed recommendations on how to monitor, evaluate and study the impact of SMT on patients in the future.

Treatment systems *prepared by Mercedes Lovrečič*

The main financial actor in funding drug-related treatment in the health sphere remains the Health Insurance Institute of Slovenia (HIIS) and the implementation of drug-related treatment for problem drug users is predominantly an issue which is a responsibility at the national level.
The public sector is mainly involved in the delivery of drug-related treatment, especially medically-assisted treatment (Ministry of Health, Co-ordination of the CPTDA, CPTDAs), but some drug-related treatment also delivered by NGOs is mostly provided through public financial sources (public invitations to tender issued by the Ministry of Labour, Family and Social Affairs, the Ministry of Health).

The HIIS has the status of a public institute and has 10 Regional Units ('RUs': Ljubljana, Maribor, Koper, Nova Gorica, Kranj, Celje, Novo mesto, Murska Sobota, Ravne, Krško) and 45 branches across Slovenia. Information from the HIIS on the costs (EUR) of substitution treatment with methadone by regional units (RUs) in Slovenia is given in Table 5.1 No other data (on the costs of other substitution treatment by RUs) were provided.

Table 5.1 *Costs of substitution treatment with methadone by regional units (RUs) of the HIIS in EUR, Slovenia, 2005-2007*

RU HIIS / Year	2005	2006	Index 06/05	2007	Ind.ex 07/06
Nova Gorica	75161	60519	81	71.528	118
Koper	655451	561333	86	543.635	97
Kranj	124952	101621	81	101.862	100
Novo mesto	42911	37655	88	32.383	86
Ravne	66982	51680	77	90.430	175
Ljubljana	970843	870741	90	831.450	95
Krško	24017	21484	89	24.486	114
Maribor	247056	92120	37	223.081	242
Celje	96923	101393	105	96.249	95
Murska Sobota	61709	46570	75	18.542	40
Total	**2366005**	**1.945.116**	**79**	**2.033.647**	**105**

Source: Insurance Institute of Slovenia

For more information please see previous reports.

Drug-free treatment
No relevant changes have taken place at the inpatient treatment on the national level. For more information please see previous reports.

Pharmacologically-assisted treatment *prepared by Mercedes Lovrečič*

Official data from the Agency for Medical Products and Medical Devices of the Republic of Slovenia allow us to conclude that as at 1 March 2008 in the Slovenian drug market there were the following registered drugs for the medically assisted treatment of heroin addiction:
Methadone peroration solution 10mg/ml (three different pharmacological methadone possibilities): registered as

- Heptanon (Pliva Ljubljana)
- Metadon (Krka d.d.)
- Methadone chloride (Alkaloid)

Buprenorphine registered as Subutex (Schering- Plough)

Slow-release morphine registered as Substitol (Medis d.o.o.)

Buprenorfin/Naloxone: registered as Suboxone (Schering- Plough)

Naltrexon registered as Revia (Torrex Chiesi)

In Slovenia, in the last years there has been a growing diversification of treatment possibilities. The possibilities to find proper pharmacological treatment for individual patients have improved significantly. It is well known that all these drugs are effective yet the related tolerability is not the same.

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

Evaluation of substitution maintenance treatment in Slovenia - assessing quality and efficiency *prepared by Lidija Kristančič*

Summary

The project
In the years after the formal start of substitution maintenance treatment (SMT) in Slovenia in 1994, this treatment option has been implemented nationwide. In the summer of 2006 the Slovenian Minister of Health presented a call for proposals for an evaluation using funds from the European Commission. The aim of this evaluation is to assist in improving the quality of SMT in Slovenia. The evaluation should explore the quality of SMT, its cost-effectiveness and its impact on patients. The Trimbos Institute (the Netherlands Institute of Mental Health and Addiction) was selected to do this evaluation in co-operation with the Faculty of Social Work of the University of Ljubljana. For several reasons, the cost-effectiveness analysis and the impact analysis were not considered feasible. This resulted in an adapted outline of this evaluation. In agreement with the Slovenian Ministry of Health, the first analysis was changed in a qualitative exploration of aspects of management, organisation and costs of SMT. The impact analysis was abandoned and replaced by detailed recommendations on how to monitor, evaluate and study the impact of SMT on patients in the future.

Background and organisation of SMT in Slovenia
After the unofficial start of SMT in the late 1980s, the national SMT programme took off in 1994. At the same time, the first non-medication-assisted forms of drug treatment started. Today there is a reasonable variety of drug treatment services available.

Aims of SMT and scientific evidence for effectiveness
Substitution treatment has several goals. It may aim at stopping or reducing the use of heroin, at reducing harm for problem heroin users and at reducing harm and nuisance for their surroundings. Initially, substitution treatment was introduced in several countries as an abstinence-oriented treatment option. However, during the past decades it has become clear that substitution medications can also be effectively used as a maintenance treatment for reducing harm and nuisance. It increases treatment retention and reduces opiate use and several risk behaviours related to infectious diseases. Therefore, the target has shifted to stabilising the life of patients and at the same time reducing harm to them and their environment. Methadone is the substitution drug that is most frequently used, but scientific evidence shows that the other substitution drugs in use in Slovenia and other countries, i.e. buprenorphine and slow-release morphine, may also be effective alternatives for specific patient groups. On average, the effectiveness of SMT is increased when supportive psychosocial care is given alongside it.

Force field analysis
SMT is still a controversial, highly politicised issue in Slovenia. There are two main themes in the dispute. Expressed in broad terms, there is an ideological disagreement between the abstinence-oriented and harm-reduction-oriented view of drug treatment and a financial consideration: Is it worth spending so much money on SMT? The force field analysis gives a sketch of some important forces and interests of influence on SMT.

Three main perspectives are discerned. Viewed from a *political-ideological perspective*, it becomes clear that conservative political parties are generally not in favour of SMT (e.g. because it does not present a short-term way out of addiction), while the attitude of liberal or progressive parties seems to be (on average) more positive (e.g. because SMT reduces several risks for the drug user and its environment). The current Slovenian government is considered not supporting SMT.

The *professional perspective* is dominated on one hand by a medical and on the other by a psycho-social view of problem drug use. From the medical perspective, problem drug use is mainly viewed as a (psychiatric) disorder for which medication-assisted treatment is important. From the psycho-social viewpoint, the focus is primarily on the psychological health, well-being and psycho-social functioning of the patient, i.e. on the individual and on his/her social environment. As the medical viewpoint is dominant in SMT in Slovenia the psycho-social components of SMT are not optimally used.

The *(political) power perspective* - overlapping the previous two - concerns the perceived power of individuals or organisations for exerting a substantial influence on SMT in Slovenia. Here again two main groups can be discerned, namely an abstinence-oriented and a harm-reduction-oriented one. In general, it is clear that SMT is not an important issue in public (political) debate but that at the same time public opinion and media are clearly more in favour of abstinence-oriented drug treatment.

Quality of SMT
Quality covers many characteristics that partly overlap those of efficiency. These mainly cover staff availability/capacity, expertise, and training, work motivation, job satisfaction and attitudes to patients, time spent on patient contacts, SMT (intake and maintenance), managing patient complaints, registration, SMT accessibility, monitoring and evaluation of SMT, process management and co-operation with other organisations.

Staff availability/capacity
Medical doctors and nurses are present in all 18 centres. The majority of nurses are engaged in SMT full-time. Medical doctors vary from full-time to part-time, mostly in smaller centres. More than half of the centres also have a part-time psychologist. Social workers are employed in two centres. This also goes for laboratory personnel. Laboratory tests are mainly done in the Primary Health Care Centres (PHCCs). Insufficient staff capacity is reported at all levels. Explanations of this may be found in the growing patient numbers, frequently changing personnel, and the many part-time appointments. Finally, SMT work is not attractive because of its low status.

SMTC staff are *satisfied with the direct management* (e.g. accessibility, taking good care of the work atmosphere, giving support). In general, there are good working relationships inside the SMTCs.

Team meetings (often weekly and in many cases informal) are used to discuss the difficulties encountered. Staff training is mainly provided through the Co-ordination Committee.

Work motivation, job satisfaction and attitudes to patients
The SMTC staff are on average fairly satisfied with the work and think it is very useful, although it may frequently be quite stressful. The majority receives feedback on their work, although satisfaction with the feedback differs. Staff opinions also differ on their ability to keep up with developments in this work field.

Patient contacts with medical doctors are most frequent during the intake and starting phases of SMT. During the maintenance phase it generally declines. Other problems (e.g. due to poly-drug use or psychological problems) are met in only some of the centres.

Regular medical examinations of patients *in the first phases of SMT* are present in most cases. Drug dependence is determined during intake in different ways but without a pre-validated instrument. Urine tests (usually unannounced, in some centres on specific days) are used in all SMTCs to check if the medication has been taken, and to control for illicit drug use. However, the test frequency differs substantially between centres. The majority of centres have specific interventions addressing special patient groups, e.g. pregnant women, former inmates and dual-diagnosis patients.

In all 18 SMTCs a *treatment plan* is determined by a medical doctor, in 15 centres with the involvement of a nurse. In all the centres, a *treatment plan* is signed by a doctor and the patient, but intermediate treatment changes often take place without formal evaluation procedures. Though several inclusion criteria are in use (e.g. having a health insurance, aged above 18 years, minimal heroin dependence of two years), these are mostly negotiable depending on the patient's attitude and situation.

For *maintenance treatment*, SMTCs offer methadone, buprenorphine and slow-release morphine. The frequency of the evaluation of the dosage adequacy depends in many cases on the individual patient situation.

It is possible for patients to *complain about SMT*, and half of the centres have guidelines for this. Complaints are mostly about sanctions due to positive urine tests.

Patient data collection systems are used in all centres, but there are differences between them. The patient systems in use do not allow for monitoring a patient's development during treatment.

SMTCs are open every working day but the opening times vary and some are also open for a few hours during the weekend. Travelling time may on average vary between five minutes and an hour and a half per centre. The data indicate that the geographical coverage of the SMTCs is large. Waiting lists do not exist apart from delays due to part-time work of a medical doctor. To improve access in some places, the substitution medication is dispensed by general practitioners or pharmacies in the towns/villages where patients live.

Monitoring, evaluation and guidelines
Staff activities are usually monitored on an informal peer-to-peer basis and not via formal procedures ("everybody knows each other"). All SMTCs report using guidelines for their work, 17 use the Euro-Methwork guidelines, some of them use even more than one, including local ones. Twelve SMTCs think that the guidelines used are sufficient for doing the work in a proper way.

The primary responsibility for *financial management* lies with the PHCCs. More than half of the SMTCs think that the PHCC *management support* is insufficient, e.g. in getting the amount of staff needed. Most centres say they have a privacy policy and indeed take several measures to guarantee patient privacy.

Co-operation with other organisations
The SMTCs are co-operating with many other professionals and organisations, e.g. with general hospitals when patients need hospital care and with psychiatric wards for dual-diagnosis patients. The relationship with the PHCC is generally good. Pharmacies are involved in preparing the individual dosages of substitution drugs, especially for take-home dosages. Co-operation with some Centres for Social Work focuses on the psycho-social problems of patients, e.g. housing, employment, child care. For different reasons, co-operation with NGOs is more limited.

Patient satisfaction
Patient satisfaction covers topics like the medication prescribed, patients' well-being, the information on SMT given to them, accessibility, flexibility of SMT, additional services (besides the dispensing of substitution drugs) and the attitude of SMT personnel to patients (privacy and contacts).

A large majority was satisfied with their medication. A minority preferred another substance or dosage than was what prescribed. They were on average very positive about the impact of SMT on their lives. Almost all the patients said they were informed about their treatment by a doctor or nurse, although they are generally better informed about the medication prescribed to them than about other medications. Patients' judgment on the access to SMT (distance, travel time, opening hours, take-home medication etc.) was largely quite positive. Additional services most frequently mentioned as considered necessary by patients are counselling, testing for infectious diseases, and psychiatric help.

Most patients are satisfied with their relationship with the SMT staff and the possibilities to complain in the case of dissatisfaction. One-quarter to one-third of the patients interviewed were worried about their privacy.

Data on management, organisation and costs
Funding for SMTC organisational costs is based on the number of patients in the preceding year. Different registration systems are in use, resulting in varying calculations and outcomes. The Health Insurance Institute of Slovenia allocated around EUR 2.2 million for the organisational costs of the SMTCs in 2006. The SMT medication costs were EUR 2.7 million, so the total costs in 2006 were nearly EUR 5 million.

The average normative number of the staff full-time equivalent (FTE) for 100 patients is 1.91. However, substantial differences between staff numbers and the normative number are reported. Medical doctors usually work part-time in SMTCs. In around one-third of the SMTCs there seems to be no nurse employed with the required bachelor degree. Instead, nurses educated at secondary school do the work and most of them are engaged full-time with SMT. Two SMTCs have a social worker appointed to the staff. Finally, the time spent on patients is highly variable, depending on the patient characteristics and treatment phase.

Weak points - strong points of SMT

Weak Points

- the treatment data collection in use does not allow the formulating of an individual treatment plan and the monitoring of SMT on the individual, centre and national level;
- the management data collection in use does not provide reliable and accurate data for thorough auditing;
- there are general guidelines but no (basic) protocols (e.g. how to carry out an intake, how to define the appropriate dosage) which results in substantial differences in treatment policy and practice between the SMTCs;
- the regular funding is limited regarding the staff capacity for regular SMT services and insufficient for offering additional services like counselling or social work (in the SMTC);
- SMTCs are quite medically-oriented, the psycho-social aspects of problem drug use do not get sufficient attention (this may be at least partly explained by the insufficient staff capacity);
- SMTCs lack autonomy as regards their staff and financial management; and
- working in SMTCs (like in other drug services) has a relatively low status which makes it difficult to find appropriate staff.

Strong Points

- the practice of prescribing substitution maintenance treatment in Slovenia is at a relatively high standard compared to other countries. It scores well on issues like different approaches to specific target groups etc.;
- SMT has a high coverage; it covers nearly the whole country and around one-third of the estimated total of problem heroin users;[1]
- access to SMT is good (no waiting lists, appropriate opening hours, no exceptional criteria for entering). Also in this respect SMT scores well compared to the reference countries;
- monthly meetings of SMTC staff facilitates co-operation between the SMTCs and an expert exchange on, among other things, SMT developments, treatment issues and individual cases;
- the diversity of the substitution substances prescribed (taking individual needs into account);
- following up and picking the latest developments in SMT quickly (e.g. introduction of Suboxone in Slovenian SMT); and
- an overall consensus between staff and clients on being treated with respect or 'normally' by the other party is an important indicator of quality.

Recommendations

In the recommendations chapter we focus on practical advice for the SMTCs e.g. regarding better team functioning, patient and management data collection and on recommendations for policy-makers to create conditions and take responsibility for, among other things, monitoring and evaluation, and efficient and effective co-operation in the demand reduction field.

[1]The latter is in line with the Netherlands and Germany, but clearly higher than Czech Republic and Lithuania. A good coverage is important for reducing health risks among problem heroin users and for offering possibilities for further treatment.

6. Health Correlates and Consequences

Overview / summary of health correlates and consequences *prepared by Barbara Lovrečič, Irena Klavs*

During the period from 2003 to 2007 the prevalence of HIV remained consistently below 1% among confidentially tested injecting drug users treated in the CPTDA network. During the period from 2003 to 2007 the prevalence of antibodies against hepatitis B virus (HBV; anti-HBc) among confidentially-tested IDUs treated within the CPTDA network ranged from the highest 10.4% in 2003 to the lowest 3.6% in 2007 and the prevalence of antibodies against hepatitis C virus (HCV) ranged from the highest 23.4% in 2005 to the lowest 21.8% in 2007.
In 2007 the Emergency department and Poison Control Centre of the University Medical Centre Ljubljana, that is responsible for one third of Slovenia (600.000 people), treated at least 58 heroin-overdosed patients, 10 cocaine-overdosed and 5 amphetamine-overdosed patients. In the last year there was increased number of cocaine and heroin-overdosed patients, but the number of met/amphetamine-overdosed patients remained unchanged.
In the Slovenian register of intoxication it was reported 372 heroin, cocaine, meth/amphetamine, GHB, GBL and THC intoxicated patients who were treated in Slovenian hospitals during the period from 2001 to 2007. This number presents only about 20% of all illicit drug overdosed or intoxicated patients treated in Slovenian hospitals, as the problem is underreported and underestimated.
The Pre-hospital Emergency Unit in Ljubljana is responsible for pre-hospital emergency medical services on a 24-hour basis within the capital city of Ljubljana and its immediate surroundings. 128 patients (0.3% of all treated) sought help due to illicit drug use complications or intoxication, 53% of them were examined at the service and 47% received medical help in the field; 76% of them were treated due to opioid use complications, 9% due to cocaine, 2% due to cannabis and 13% due to polydrug use complications. There were 3 cases of deathin 2007, one patient died due to cocaine overdose, while in other two patients the toxicological analysis of blood showed the presence of opiates, alcohol and benzodiazepines. In the first half of 2008, the PHEU treated 73 (0.3% of all treated) patients due to illicit drug use intoxication or complications: 57% of which due to opiates, 10% for cocaine, 7% due to cannabinoids, and 26% due to poly drug use. In the same period there were 6 cases of death; 2 patients died due to cocaine overdose, another 2 due to opiate overdose, poly drug use caused 1 death, and 1 patient who had been drug addict for years committed suicide.

Drug-related deaths and the mortality of drug users *prepared by Jožica Šelb Šemerl*

Due to a new regulation on data protection and especially highly sensitive personal data, like data on AIDS or drug use, adopted in Slovenia in 2004, the Department on Health Statistics at National Institute of Public Health, responsible for General Mortality Register (GMR), like in previous years, did not allow to link personal data on DRD from different sources. For this reason it was not possible to match personal data on deceased due to illicit drugs stored at General Police Administration, and personal mortality data from Forensic Toxicology Department of the University Institute of Forensic Medicine in Ljubljana to personal data at GMR. Furthermore matching GMR personal data to personal data from the First Treatment Demand Data Base (FTD) and on patients who had been hospitalised due to intoxication with illicit drugs, was also not possible.

In spite of these barriers we succeeded to supplement deaths due to drugs (extracted underlying causes of death - intoxication by illicit drug (ICD - 10 codes, according to Table 3 in EMCDDA Scientific Report 28.08.2002)) from GMR with data on deceased coming from General Police Administration (GPA) and Toxicology Department of the Institute for Forensic Medicine (IFM) Medical Faculty in Ljubljana, thus created a two new data bases the first Direct Drug Related Deaths and the second Deaths Among Drug Users.

In the process of creating two new data bases mentioned above, it was necessary first to select all deaths according to the codes in the Table 3 from EMCDDA Scientific Report 28.08.2002, the DRD-Standard, version 3.0 in GMR. We did it by encompassing all combinations of two codes listed on Table 3. After that we matched the personal data from Police and Forensic to selected data from GMR on the base of sex, place of residence and a year of birth, only three variables which were on our disposal in depersonalized mortality data base accessible out of GMR. We compared the value labels of these three different variables with the values of the same variables from Police and Forensics data of deceased due to or with illicit drugs. On such way we were able to divide the cases to the Deaths due to drugs and in the Data base of deaths in drug users.

According to EMCDA - DRD codes there were 67 deaths in connection with drug use all together in Slovenia in 2006. From the Toxicology Department of the Institute for Forensic Medicine (IFM) we have got also data on one victim of illicit drug use foreign citizen from Russian Federation, Moscou who died on the territory of the Republic Slovenia and possible one women more, sent from Police Register for whom it was not possible, from Statistical Unit of the Institute of Public Health, to obtain death certificate to identify her cause of death and manner of death.
Because of a bit difference in data gathering in 2006 from 2005 (for 2006 we were not allowed to look into the death certificates of the deceased, stored at the Statistical Unit of the Institute of Public Health of Slovenia), 39 direct drug related deaths and 28 deaths among drug users mainly due to traffic accidents and suicides in the year 2006, can be a matter of chance or the beginning of decreasing of direct DRD.

Direct drug related deaths

In Slovenia in 2006 there were, according to EMCDDA methodology (causes of death from DRD 56 to DRD 147), 39 drug related deaths (Table 6.1).

Table 6.1 *The number of direct drug related deaths by age group and sex, Slovenia 2006*

Age group	Sex		Total
	Men	Women	
<15 years			
15-19	0	1	1
20-24	9	2	11
25-29	8	0	8
30-34	4	0	4
35-39	2	0	2
40-44	5	2	7
45-49	3	0	3
50-54	0	0	0
55-59	0	0	0
60-64	0	1	1
65 >	0	2	2
Total	31	8	39

Source: National Institute of Public Health of the RS

Men died due to drug use almost four times as frequently as women. The age distribution of direct drug related deaths were skewed again like in 2004 toward younger age groups with the highest number of persons aged from 20 to 24 years.

In men the mean age at death was 31,8 years, with median age at death at 27,7 year with minimum age at death at 20,8 years and the maximum at 48,7 (poisoning by methadone undetermined intent). In women the mean age at death was 45,2 years, median 43,1 year, with minimum age at 19,4 years and the maximum at 76,8 years (other antiepileptic and sedative intention unspecified).

There were 33 cases according to the value 1 of Filter B variable (key figures) and 6 according to value 0 of the same variable (Table 6.2).

Table 6.2 *The number of direct drug related deaths, according to value 1 of Filter B variable, by age group and sex, Slovenia 2006*

Age group	Sex		Total
	Men	Women	
15-19	0	1	1
20-24	9	2	11
25-29	8	0	8
30-34	4	0	4
35-39	2	0	2
40-44	5	0	5
45-49	2	0	2
55-59	0	0	8
65+	0	0	0
Total	30	3	33

Source: National Institute of Public Health of the RS

Almost four out of five deceased due to drug use were illicit drug users. Among 33 deceased only one tenth were women. The oldest woman had 23,9 years at death, she was a victim of accidental poisonings by heroin (T401) and the youngest 19,4 she committed suicide by heroin. The age distribution resembled the one among all drug users described in table two.

Cause of death, that means a substance that causes death, is one of the most important characteristics for assessing the paths of drug abuse.

Table 6.3 *Substance consumed by victims of drug related death, by age group, and sex, Slovenia 2006*

Substance	Sex		Total
	Men	Women	
F112 - Dependence on opioids	2	0	2
T400.0 - Opium	2		2
T40.1 - Heroin	14	2	16
T40.2 - Other opioids	2		2
T40.3 - Methadone	8	1	9
T40.5 - Cocaine	1		1
T43.6 - Psychostimulants	1	0	1
T42.4 - Benzodiazepines	1	3	4
T42.7- Antiepileptic and sedative	0	1	1
T43.9 - Psychotropic unspecified	0	1	1
Total	31	8	39

Source: National Institute of Public Health of the RS

Heroin was the most frequent drug consumed, followed by the methadone and benzodiazepines, specially in men.

There were 8 accidental poisonings. Five out of them were by heroin and three, one by one by opium, methadone and cocaine. Three suicides out of seven were committed by benzodiazepines two by methadone, one by heroin and the last one by other antiepileptic and sedative drug. In the majority of direct drug related deaths (21 cases) the intent was not specified. The most frequent substance used in this group of cases was heroin (10 cases), followed by methadone (6 cases), opioids except opium, heroin or methadone (2 cases) and opium, benzodiazepines and unspecified psychotropic substances.

In the 2006 there were 32 deaths due to opiates, other opioids, other narcotics, and cocaine (F112 and T400-T406) use. That means 2 less than in 2005, and 2 more than in 2004. In the year 2006 there were 6 deaths less than in 2005. We are not sure that the decreasing from 2005 to 2006 was result of real trend it is still possible that it goes to the methodology (no insight to the death certificates of deceased in 2006).

Table 6.4 *Number of drug related deaths due to opiate, cocaine and other and unspecified narcotics (T400-T406) in the 2004, 2005 and 2006 by age group*

Age group	Number of deaths 2004	Number of deaths 2005	Number of deaths 2006
15-19	1	1	1
20-24	9	9	10
25-29	6	13	8
30-34	3	2	4
35-39	6	6	1
40-44	2	2	4
45-49	2	0	2
55-59	1	0	0
60-64	0	0	0
65+	0	1	0
Total	30	34	30

Source: National Institute of Public Health of the RS

The pick number of deaths, due to described substances, moved from 20-24 age group in 2004 to 25 -29 years in 2005 and returned to 20-24 age group in 2006.

Indirect drug related deaths

After comparing the same variable values in data from Forensic Toxicology Department and Police Criminal Investigation Department with GMR data, 28 (24 men and 4 women) deaths among drug users were registered not directly connected to toxic action of the substance in use. This number was higher for 10 cases from 2005 mainly men. Adding this the total number of DRD in Slovenia was increasing from 63 in 2005, to 67 in 2006 on expense of indirect drug related deaths.

Within this group of deceased the mean age at death for men was 31,2 years, and the median age at death 31, 6. The minimum and maximum age at death were 17,0 and 46,9 year respectively. Four deceased women were, at the moment of death, 23.0, 34.9, 41.9, and 50.7 years old, respectively.

Toxicological analyses of urine and/or blood was done for 27 out of 28 deceased drug users. Among these 28 deceased, there were 15 poly drug users. Among them 14 used heroin, 8 methadone, 5 THC, cocaine and/or benzodiazepines, 4 morfin and/or alcohol and also amphetamines, tramal, fenotiazine and codeine were found in their body fluids.

Concerning underlying causes of death one drug user died due to femoral muscles abscess and another due to brain haemorrhage, the underlying cause of death in the third victim was suffocation (mors e bolo). There were 13 suicides, and 11 traffic accidents and one homicide in this group. Among traffic accidents 8 casualties were drivers, 2 passengers and one occupant of a vehicle without known role in it. The most frequent ways of committing suicide were: CO inhalation, hanging and injuries caused by sharp object, each kind of above mentioned suicides were performed three times. There were also four persons who committed suicide on other ways: one was run over by train, another shoot himself, the third drowned and the fourth jumped out a building.

Trends

In the year 2006 the number of drug related deaths was higher than in the 2005. There were four direct drug related deaths less than 2005 and ten indirect drug related deaths more than previous year. In total that means 6 added deaths among all drug users. The majority of drug victims died in the 20 to 24 age group, the same as in 2004 and one five year age group younger than in the year before. The number of illicit drug use (filter B=1) fall by four persons from 2005 to 2006. There was a substantial increase in deaths without determined intent from 14 in 2004 to 25 in 2005 and a fall on 21 in 2006.

This year, as was mentioned before, data from GMR were compared and supplemented only by data from General Police Department and Forensic Toxicology, and not by any other data sources as was planned and in 2004 also performed. We are not sure that any further progress in increasing quality of DRD data will be possible, in a future, if a change in perception and interpretation of Data Protection Low does not occur.

Conclusions

In the year 2006, after having adopted EMCDDA methodology for five years, the number of total DRD was the highest in Slovenia so far. For the fourth time only, we managed to divide indirect from direct drug related deaths. We can not deny the possibility that the number of DRD in the year 2006 could be even higher than presented. The reason lies in only three sources of data for linking instead of five that were merged in the 2004. The number of direct drug related deaths is a matter of variation due to low number of cases, and methodology changes because methodology had to be adjusted to data resources that were on our disposal. Anyway we think that we used the most important resources of data so far. The number of direct drug related deaths is comparable in 2005 and 2006 while the number of indirect drug related deaths is still increasing from year to year.

The variability of data is also a consequence of a fact that an understanding of DRD importance for monitoring and prevention of damaged drug situation is not optimal in the decision makers in Slovenia.

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

Drug-related infectious diseases *prepared by Irena Klavs, Nejc Bergant*

HIV infection

Slovenia is a low HIV prevalence country. The prevalence of HIV infection has not reached 5% in any population group with a higher behavioural risk. According to all available surveillance information, the rapid spread of HIV infection has not started yet among injecting drug users (IDUs).

During the last five years, from 2003 to 2007, there was not a single new HIV diagnosis reported among IDUs, although there was a cumulative total of 13 new HIV diagnoses among IDUs reported since 1986 when the national HIV surveillance based on notification of diagnosed cases was initiated, with the last one in 2001.

During the period from 2003 to 2007, HIV prevalence consistently remained below 1% among confidentially-tested IDUs treated in the network of Centres for the Prevention and Treatment of Drug Addiction (CPTDAs). Similarly, among a total of 1,090 saliva specimens collected for unlinked anonymous testing for surveillance purposes at three different sentinel sites (two CPTDAs in Ljubljana and Koper and three non-governmental needles and syringes exchange programmes, two in Ljubljana and one in Koper) not a single specimen was positive for HIV antibodies.

HBV

During the period from 2003 to 2007 the prevalence of antibodies against hepatitis B virus (HBV; anti-HBc) among confidentially-tested IDUs treated within the network of Centres for the Prevention and Treatment of Illicit Drug Users ranged from the highest 10.4% in 2003 to the lowest 3.6% in 2007.

The acute and chronic HBV infection incidence rate in the Slovenian population reported during the period from 2003 to 2007 ranged from the highest 3.2/100,000 population in 2005 to the lowest 2.0/100,000 population in 2007. Due to underreporting, HBV reported incidence rates underestimate the true burden of the disease.

HCV

During the period from 2003 to 2007 the prevalence of antibodies against hepatitis C virus (HCV) among confidentially-tested IDUs treated within the network of CPTDAs ranged from the highest 23.4% in 2005 to the lowest 21.8% in 2007.

The acute and chronic HCV infection incidence rate in the Slovenian population reported during the period from 2003 to 2007 ranged from the highest 7.2/100,000 population in 2005 to the lowest 5.6/100,000 population in 2007. Due to underreporting, HBV reported incidence rates greatly underestimate the burden of the disease.

Strengths and limitations of the key indicator infectious diseases

The strengths of prevalence monitoring of HIV, HCV and HBV infection among IDUs in treatment in the CPTDAs are the national coverage and sustainability of such a surveillance system. In addition, the unlinked anonymous HIV testing of injecting drug users upon their first treatment demand is conducted for HIV surveillance purposes in the biggest CPTDA in Ljubljana and, recently, three NGO harm-reduction programmes were included in the system (AIDS Foundation Robert - needle exchange programme in Ljubljana in 2003, STIGMA - needle exchange programme in Ljubljana in 2005 to 2007 and SVIT - needle exchange programme in Koper in 2004 to 2007). In addition, the Institute of Public Health of the Republic of Slovenia collects information on newly diagnosed cases of HIV/HBV/HCV infections, which may include information on the transmission route. All three diagnoses should be notified according to the Infectious Diseases

Law. The strength of HIV/HBV/HCV reported incidence monitoring is its national coverage. In contrast to the relatively reliable AIDS reported incidence data, information about reported newly diagnosed HIV infection cases among the IDUs does not reliably reflect HIV incidence in this population. Due to the underreporting of diagnosed cases, HBV and HCV reported incidence rates are even less reliable and underestimate the true burden of infections in this population. Also, information on the transmission route (e.g. IDU) is only available for a minority of the reported HBV and HCV cases.

Psychiatric co-morbidity (dual diagnosis)
No new information available.

Other drug-related health correlates and consequences
No new information available.

Somatic co-morbidity *prepared by Miran Brvar*

In 2007 the Emergency Department and Poison Control Centre of the University Medical Centre Ljubljana that is responsible for one-third of Slovenia (600,000 people) treated at least 58 heroin-overdosed patients, 10 cocaine-overdosed and 5 amphetamine-overdosed patients. In the last year we recognised an increased number of cocaine- and heroin-overdosed patients, but the number of met/amphetamine-overdosed patients remained unchanged (Table 6.5). Most heroin-overdosed patients were only comatose with respiratory depression on admission and they were treated with naloxone at the Emergency Department. However, approximately 15% of them were subsequently hospitalised at the Poison Control Centre due to complications such as aspiration pneumonia, pulmonary oedema, prolonged consciousness level impairment, ischemic brain injury, rhabdomyolysis, and peripheral neuropathy due to nerve compression. One-half of the cocaine- and amphetamine-overdosed patients were only agitated with tachycardia and hypertension and they were treated at the Emergency Department. The other half of cocaine- and amphetamine-overdosed patients were admitted at the Poison Control Centre due to prolonged agitation, seizures, hypertension, arrhythmias, rhabdomyolysis, acute liver and renal failure, hyperthermia and aspiration pneumonia. In 2007 we also treated one patient poisoned with *GHB.*

Table 6.5 *Number of patients poisoned with heroin, cocaine and amphetamines treated at the University Medical Centre Ljubljana between 2004 and 2007*

	2004	2005	2006	2007
Heroin	41	44	42	58
Cocaine	4	7	7	10
Amphetamine	1	8	5	5

Source: University Medical Centre Ljubljana, 2008

The Slovenian register of intoxication reports 372 heroin, cocaine, meth/amphetamine, GHB, GBL and THC intoxicated patients who were treated in Slovenian hospitals between 2001-2007 (Table 6.6). This number represents only about 20% of all illicit drug overdosed patients treated in Slovenian hospitals since the reporting of poisoned patients to the register of intoxication is incomplete. Nevertheless, the Slovenian register of intoxication does offer some information about the frequency of hospitalisations due to different illicit drug overdoses. Hospitalisation due to an illicit drug overdose was most commonly due to a heroin overdose, which is in accordance with the frequency of drug use in Slovenia. Interestingly, THC- intoxicated patients were also quite common but these poisonings were not serious and the patients only needed benzodiazepine therapy at the

Emergency Department. The frequency of cocaine-overdosed patients was increasing during the last six years, but in 2007 it was still lower than the frequencies of heroin overdoses. The first GHB overdose in Slovenia was recognised in 2002.

Table 6.6 *Number of patients poisoned by an illicit drug between 2001 and 2007 as reported to the Slovenian register of intoxications*

	2001 - 2007
Heroin	169
THC	94
Amphetamine	58
Cocaine	40
GHB, GBL	9
LSD	2

Source: University Medical Centre Ljubljana, 2008

Somatic co-morbidity in illicit drug users *prepared by Dušica Cvitkovič*

The Pre-hospital Emergency Unit ('PHEU') in Ljubljana is one of the units of the Community Health Centre ('CHC') of Ljubljana and is responsible for pre-hospital emergency medical services on a 24-hour basis within the capital city of Ljubljana and its immediate surroundings. Beside the orderly provision of all medical services (including emergency medical help), emergency medical services are also provided by physicians in the field. The PHEU premises are located in the Emergency Department of the Clinical Centre. In 2007 there was a total of 44,502 patients examined by the PHEU. Out of this total, 38,218 patients sought help at the PHEU and there were 6,274 interventions of the medical team in the field. 128 patients (0.3%) sought help for problems caused by the use of illicit drugs, 68 (53%) of whom were examined at the PHEU, while another 60 (47%) received medical help in the field.

With illicit drug users, the most frequent reasons for seeking emergency medical assistance can be seen in the harmful effects of opiate abuse. In 2007, 97 people sought help due to opiate-induced problems, representing 76% of all patients examined due to the harmful effects of illicit drug abuse. Among them, there were addicts chronically relapsing into drug taking, as well as some occasional opiate users. The most frequent disorders following the abuse of opiates include trouble with breathing and an altered level of consciousness, especially with patients with an unintentional overdose of heroin. Medical attention was often sought due to withdrawal problems, local or septic inflammation as a consequence of paravenous drug application, deep venous thrombosis and a number of psychological disorders.

The number of patients treated for cocaine abuse was considerably smaller, yet the symptoms are no less life-threatening. Cocaine abuse symptoms include heart rhythm troubles, acute coronary syndrome or even cardiac arrest. The use of cocaine may also cause strong restlessness, anxiety attacks, irritability, escalating to psychosis with hallucinations and auto- and hetero-aggressive behaviour. 12 patients were treated in 2007 for symptoms of cocaine abuse, which is 9% of all patients treated for harmful drug effects.

Cannabinoid users seldom seek medical assistance at the PHEU. In 2007 there were only 3 (2%) occasional users seeking medical care, due to mood disturbances and tachycardia symptoms.

Multiple drug users have become more and more frequent: simultaneous drug use is confirmed by a subsequent toxicological analysis made during secondary-level hospital treatment. 16 (13%) multiple drug users were treated in 2007.

Such poly-substance use, combining opiates and cocaine with the frequent addition of alcohol and benzodiazepines can potentially be fatal for the user. In 2007 there were three cases of death due to illicit drug use. One patient died from a cocaine overdose, while in other two patients the toxicological analysis of blood showed that they were also users of opiates, alcohol and benzodiazepines.

Out of the 128 patients examined, some 50% were sent home after having received primary-level medical treatment, while the other 50% were directed to specialist medical care (Internal Emergency Department, Psychiatric Emergency Services, Infectology Clinic, Surgery Infection Service).

Table 6.7 *Number of patients treated for the use of illicit drugs at the PHEU Ljubljana, by category, 2003-2007*

No. of patients treated at the PHEU, by category	**2003**	**2004**	**2005**	**2006**	**2007**
No. of patients treated for drug abuse at the PHEU	88	99	148	165	128
Percentage of patients treated for drug abuse compared to the total number of patients treated	0.2	0.2	0.3	0.4	0.3
Percentage of drug users treated in the field	28.0	46.0	55.4	49.0	47.0
Percentage of drug users treated at the PHEU	78.0	54.0	44.6	51.0	53.0
No. of patients treated for amphetamine abuse	7	11**	4	2	*
No. of patients treated for cocaine abuse	4		6	14	12
No. of patients treated for opiate abuse	77	88	128	138	97
No. of patients treated for cannabinoid abuse	*	*	8	7	3
No. of patients treated for multiple drug abuse	*	*	2	4	16
No. of deaths due to opiate abuse	*	7	5	3	0
No. of deaths due to cocaine abuse	*	*	*	*	1
No. of deaths due to multiple drug abuse	*	*	*	*	2

Source: Pre-hospital Emergency Unit, Ljubljana, 2008
Notes:
* data not available
** Treated for amphetamine and cocaine abuse

Treatment of patients seeking medical attention due to illicit drug intoxication from 1 January 2008 to 30 June 2008

In the first half of 2008, the PHEU treated 21,719 patients at the PHEU. 73 (0.3%) were examined for illicit drug use, 42 (57%) of which due to the abuse of opiates, 7 (10%) for cocaine abuse, 5 (7%) due to the abuse of cannabinoids, and another 19 (26%) due to the abuse of another substance or a combination of multiple drugs.

From 1 January to 30 June 2008 there were six fatalities; two patients died due to a cocaine overdose, another two due to an opiate overdose, poly-substance use caused one death, while one patient who had been a drug addict for years committed suicide in distress.

Driving and other accidents
For more information please see Sentencing statistics and previous reports.

Pregnancies and children born to drug users *prepared by Barbara Mihevc Ponikvar*

In the 2006-2007 period, 38,280 women gave birth in Slovenia and 99 of them (2.6/1,000) had dependence recorded in their personal medical histories. For 25 pregnant women (0.7/1,000) the use of illicit drugs during the last pregnancy was recorded. The highest proportion of pregnant women using drugs during their pregnancy (2.7/1,000 pregnant women) was recorded in women from the Obalno-kraška region.

The women who used illicit drugs during their pregnancy were on average 29 years old. They were more often single and had on average a lower education than the average pregnant woman. During their pregnancy they came for their first preventive examination on average five weeks later and were much more likely to smoke during their pregnancy than the average pregnant woman. Their newborns were more often born preterm and had on average a lower birth weight than the average newborn child. Upon release from the maternity hospital these children were rarely fully or partial breast-fed.

The presented data are derived from the Perinatal Information System of the Republic of Slovenia and, knowing the methodology of the data collection, we estimate that the number of pregnant women using illicit drugs during their pregnancies could be underestimated.

7. Responses to Health Correlates and Consequences

Overview / summary of framework, strategies and interventions in relation to the prevention of health consequences *prepared by Andreja Drev*

Network of harm reduction programmes including the needles and syringe exchange programmes has been extended almost all over the country with exception of north-eastern part of Slovenia. Four programmes of needle and syringe exchange are also equipped with mobile units for field work. During the past years a lot was done also on prevention of drug related harm in recreational setting.

Prevention of drug-related deaths *prepared by Andreja Drev*

In the resolution on the national programme in the area of drugs 2004-2009 the prevention of drug-related deaths is mentioned indirectly in the sense of goals and objectives. There is no specific strategy regarding this issue.

According to data on the sources that were consulted (CPTDAs, NGOs' websites, brochure materials) in relation to the prevention of drug-related deaths, in the last year there were no specific materials or trainings systematically available, with the exception of first-aid training for the CPTDAs' employees. Some CPTDAs have within the community health centres the possibility to attend trainings and seminars where the topic of prevention of drug-related deaths is included. The brochure Cocaine was issued in 2006 for experts working with drug users. The leaflet "Overdose" designed for drug users is available in some CPTDAs. For drug users counselling (by e-mail, by phone or in-person) is available in specialised drug treatment services, detoxification services and low-threshold services. In Slovenian prisons general lectures are given in the field of increased risk and prevention where the topic of drug-related deaths is involved.

During the past few years a lot has been done regarding the prevention of drug-related harm in a recreational setting, especially by NGO DrogArt. DrogArt is trying to put into force the guidelines for clubs and venues issued by the London drug policy forum. Therefore, DrogArt has prepared recommendations on safety standards (a chill out room, available cold water etc.) and the preventive work of field workers (number of field workers and their competencies) for club owners and party organisers. For bigger events having an ambulance outside the venue is obligatory, yet in most cases it is hired by the DrogArt team which also offers first-aid help, advice, flyers and information on drug-use risk.

Information on dangerous drugs or new psychoactive substances that appear on the black market is delivered through the national early warning system and by some NGOs.

So far, Slovenia has no supervised drug consumption facilities available.

Prevention of drug-related infectious diseases *prepared by Andreja Drev*

The main objective in the field of preventing drug-related infectious diseases is - according to the resolution on the national programme in the area of drugs 2004-2009 - to support the development of programmes that would help reduce the number of infections with HIV and hepatitis (B and C) among drug users. In order to achieve that goal, the resolution foresees the following measures:

- setting up a network of harm-reduction programmes in Slovenia;
- to improve access to harm-reduction programmes and various informative materials;
- to increase the number of programmes and ensure higher quality fieldwork with drug addicts;
- to assure needle and syringe exchanging programmes at chemists and automatic needle dispensers in environments where such programmes do not exist;

- encouraging the development of safe rooms, night and day shelters for drug users on the streets;
- to ensure vaccinations for drug addicts;
- to establish the introduction of public works for drug users; and
- to assure the educating of drug users on the dangers of drug use and safer ways of drug use.

According to data on the sources that were consulted (Ministry of Health, CPTDAs, NGOs), the network of harm-reduction programmes including the needle and syringe exchange programmes has been extended almost all over the country with the exception of the north-eastern part of Slovenia. The harm-reduction programmes offer: needle exchange, free sterile kits (needles, alcohol pads, dry wipes, filter, citric/ ascorbic acid, condoms, plasters, bandages), information and leaflets on the dangers of drug use and on safe drug use, information on safe sex, information on drug-related infectious diseases, information on treatment programmes, information on HIV and hepatitis testing, as well as day and night shelters. Programme staff also offer help in solving the health, social, housing and employment problems of drug users. Four programmes of needle and syringe exchange are also equipped with mobile units (six vans) for field work.

In 2007 the Regional Institute of Public Health Koper become responsible for the co-ordination of harm-reduction programmes, including material purchases, education, trainings etc. According to the Ministry of Health, more funds for expenditure on materials (needles, alcohol pads….) were provided in 2007 compared to previous years. The Ministry has also been trying to provide funds for free hepatitis B vaccination for staff working with injecting drug users.

Testing on HIV and hepatitis B and C is carried out by the CPTDA network and in prisons. Further, the unlinked anonymous HIV testing of injecting drug users at their first treatment demand is conducted in the biggest CPTDA in Ljubljana and recently three NGO harm-reduction programmes have also been included in the system. Free vaccination against hepatitis B for drug users is carried out by the CPTDA network. In the case of AIDS or hepatitis infection free treatment is assured to drug users.

Interventions related to psychiatric co-morbidity
All CPTDA's and CTDA provide specific care services in the field of psychiatric comorbidity (mood disorders, crisis interventions...).

Interventions related to other health correlates and consequences
Interventions and measures that aim at the general state of health of drug users are integrated in all treatment and care fields covered by network of CPTDA's. In the outpatient CPTDA's with general health-care services, also the themes of women's health, gynaecological questions, pregnancy/children, safer sex, interferon treatment, diet,... were dealt.

For more information please see Problem drug use, Drug treatment and previous reports.

8. Social Correlates and Consequences

Overview / summary on social correlates and consequences *prepared by Barbara Lovrečič*

Homelessness, unemployment and debts continue to be the most pressing social problem of drug users, specially heroin addicted persons in the street scene.
Compared to the year 2006, the number of investigated criminal offences related to illicit drugs in 2007 decreased from 1794 to 1612 or by 10.1%, but the intensity of police work in this area did not decrease (police engagement against an international criminal association). In 2007 the number of people identified as illicit drug users in prison rose by 14% compared to 2006. The total number of all imprisoned people in 2007 was 4311, of whom 1090 had problems with illicit drug use (25.3%). 55 of these were compulsorily treated under Article 66 of the Penal Code (52 males and three females).

Social Exclusion
For more information please see Problem drug use and previous reports.

Drug-related Crime
Please see Drug market, Sentencing statistics.

a) Drug use in prison *prepared by Mercedes Lovrečič, Barbara Lovrečič*

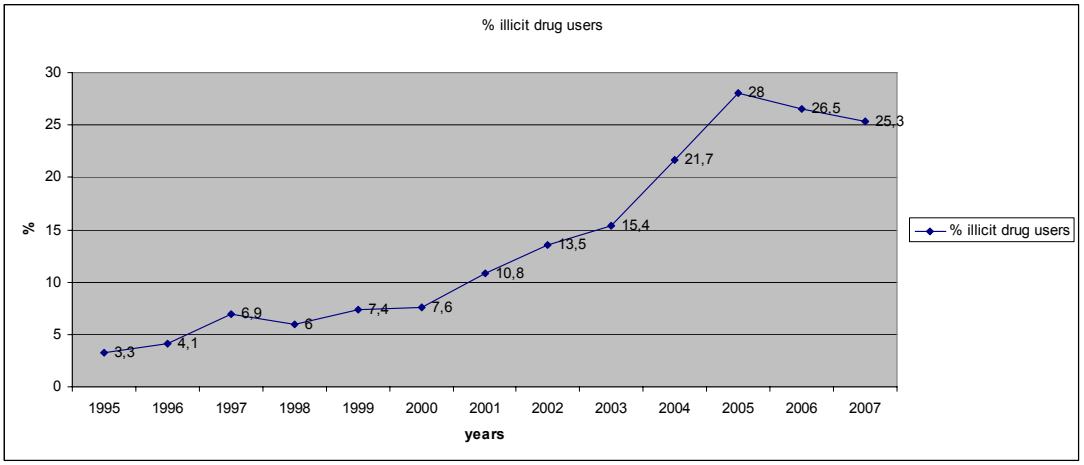
Data from the Prison Administration of the Republic of Slovenia reveal that in the period from 1990 to 2007 in Slovenia the number of illicit drug users among prisoners constantly increased, whereas the number of total prisoners was continuously varying. The available data show that the total number of prisoners was approximately stable in the 1995-1997 period, then increased over the next three years, from 2000 it decreased rapidly until 2005 and then from 2005 to 2007 another increase in the total number of prisoners in Slovenia was observed (Table 8.1).

Table 8.1 *Number and proportion (%) of illicit drug users in prisons, 1990-2007, Slovenia*

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
№ of prisoners	na	na	na	na	na	4046	3767	3882	5113	6348	6703	6302	5219	4725	4344	3097	3572	4311
№ illicit drug users	16	47	68	91	111	133	156	268	306	471	512	682	703	727	944	868	948	1090
% illicit drug users	na	na	na	na	na	3.3	4.1	6.9	6	7.4	7.6	10.8	13.5	15.4	21.7	28	26.5	25.3

Source: Prison Administration of the RS
Legend: na - data not available

Figure 8.1 *The percent (%) of illicit drug users in prisons, 1995-2007, Slovenia*



Source: Prison Administration of the RS

The share (%) of illicit drug users among prisoners in Slovenia in the 1995-2007 the globally and constantly increased, from the minimum in 1995 (3.3%) to the maximum in 2005 (28%). Data show that from the middle of the 1990s to 2001 the share of illicit drug users increased from 3.3% to nearly 10.8% of all prisoners, but then rapidly increased again and in 2005 reached the maximum of 28%, whereas in the last three years the share has been around one-quarter of all prisoners (Figure 8.1).

Table 8.2 *The number of all prisoners, the number and % of illicit drug users in prisons and the number and % of illicit drug users in methadone treatment, 1995-2007, Slovenia*

Year	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
№ of all prisoners	4046	3767	3882	5113	6348	6703	6302	5219	4725	4344	3097	3572	4311
№ illicit drug users	133	156	268	306	471	512	682	703	727	944	868	948	1090
% illicit drug users	3.3	4.1	6.9	6.0	7.4	7.6	10.8	13.5	15.4	21.7	28.0	26.5	25.3
№ persons in MT	na	na	na	na	na	172	347	222	334	380	382	532	586
% persons in MT	na	na	na	na	na	33.6	50.9	31.6	45.9	40.3	44.0	56.1	53.8

Source: Prison Administration of the RS
Legend: na - data not available

The available data show that the % of illicit drug users in prisons constantly increased in Slovenia in the 1995-2005 period. On the other side, the percentage of subjects in methadone treatment from 2000 to 2007 was continuously varying, from the minimum in 2002 (31.6%) to the maximum in 2006 (56.1%) (Table 8.2).

Table 8.3 *The number of people compulsorily treated under Article 66[*] of the Penal Code, 1995-2007, Slovenia*

Year	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**
People who were compulsorily treated under Article 66 of the Penal Code (together)	8	19	19	23	18	14	24	39	26	40	44	55	55
Males	na	na	17	22	15	11	19	33	21	36	40	52	50
Females	na	na	2	1	3	1	3	3	2	3	4	3	5
Minors	na	na	0	0	0	2	2	3	3	1	-	-	-
% compulsorily treated	6.01	5.77	7.09	7.52	3.82	2.73	3.52	5.55	3.58	4.24	5.07	5.8	5.05

Source: Prison Administration of the RS
Legend: na - data not available

A similar situation was observed for the percentage of compulsorily treated subjects under Article 66 of the Penal Code (together) in the 1995-2007 period in prisons in Slovenia. The number of people compulsorily treated under Article 66 of the Penal Code in Slovenia from 2000 to 2007 increased over time. Most of them were males, followed by females and minors. Males were most frequently compulsorily treated during all periods, while minors were treated according to Article 66 from 2000-2004 (Table 8.3).

[*] Article 66 of the Penal Code of the Republic of Slovenia 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.

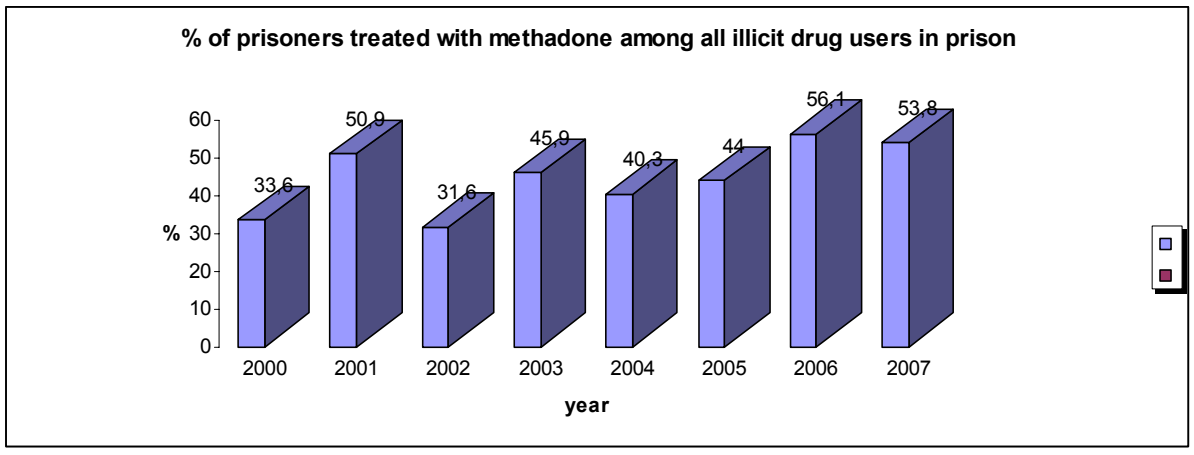
Table 8.4 *The number and % of people in prison, included in low-threshold, higher-threshold and high-threshold programmes regarding all illicit drug users in prison, 2000-2007, Slovenia*

Year	Low-threshold programme		Higher-threshold programme		High-threshold programme		№ all treated	№ illicit drug users	% non treated
	№	% regarding all illicit drug users	№	% regarding all illicit drug users	№	% regarding all illicit drug users			
2000	/	/	/	/	/	/	**310**	**512**	**39.5**
2001	**217**	**31.8**	102	14.9	29	4.3	**348**	**682**	**49.0**
2002	**238**	**33.9**	108	15.4	31	4.4	**377**	**703**	**46.4**
2003	**241**	**33.1**	96	13.2	22	3.0	**359**	**727**	**50.6**
2004	**249**	**26.4**	105	11.1	40	4.2	**394**	**944**	**58.3**
2005	**214**	**24.7**	123	14.2	33	3.8	**370**	**868**	**57.4**
2006	**281**	**29.6**	96	10.1	45	4.7	**422**	**948**	**55.5**
2007	**328**	**30.1**	142	13.0	44	4.0	**514**	**1090**	**52.8**

Source: Prison Administration of the RS / no data

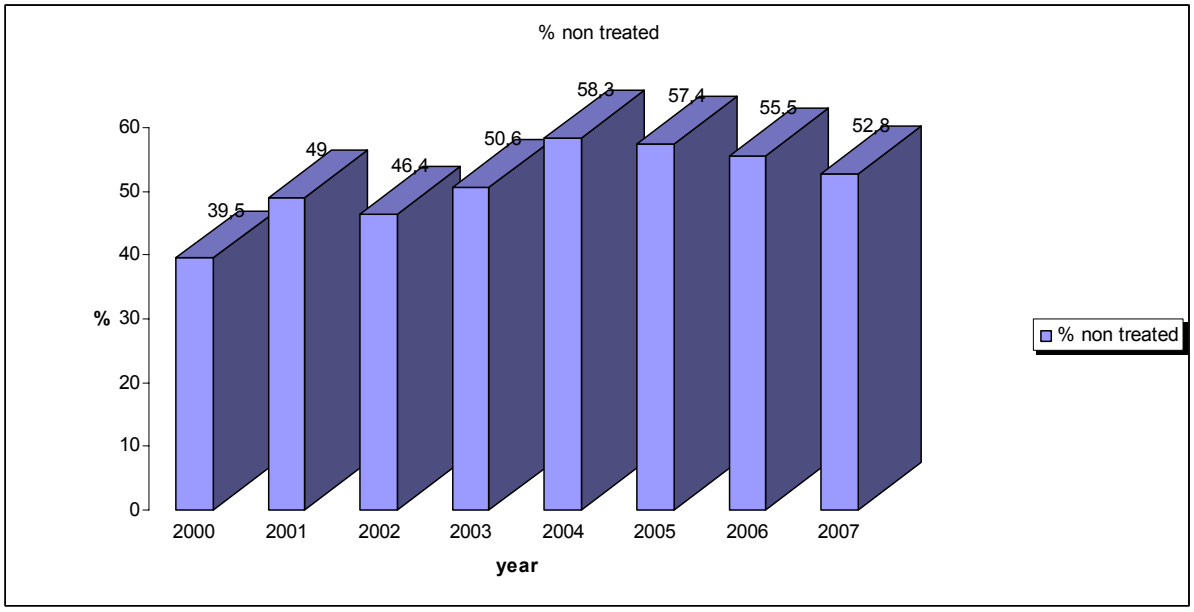
The percentage of people in prisons included in low-threshold, higher-threshold and high-threshold programmes regarding all illicit drug users in prisons in Slovenia was almost fixed over time. The number of all illicit drug users included in programmes and the number of all illicit drug users in prison increased in time. The percentage of subjects in methadone treatment in Slovenian prisons in the 2000-2007 period constantly oscillated from the minimum in 2002 to the maximum in 2006 (Figure 8.2). Up until 2005 methadone was the only opioid agonist used for medical treatment in Slovenia.

Figure 8.2 *Proportion (%) of illicit drug users among prisoners in methadone treatment, 2000-2007, Slovenia*



Source: Prison Administration of the RS

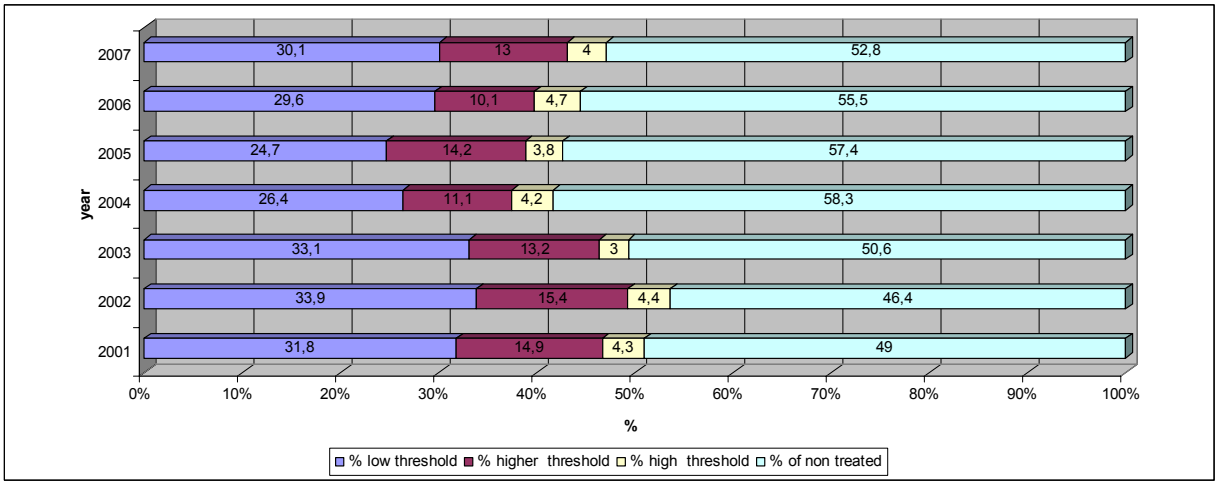
Figure 8.3 *Proportion (%) of illicit drug users among prisoners not involved in treatment for drug-related problems, 2000-2007, Slovenia*



Source: Prison Administration of the RS

Also the share of illicit drug users among prisoners not in treatment for drug-related problems was continuously changing over time (a minimum of 39.5% in 2000 and a maximum of 58.3% in 2004).

Figure 8.4 *The proportion of different treatments (low, higher, high threshold) among subjects in treatment for illicit drug users and the proportion of non- treated subjects, 2001-2007, Slovenia*



Source: Prison Administration of the RS

Data from the Prison Administration of the Republic of Slovenia reveal that interventions in prisons are divided into low-, higher- and high-threshold cases. In the 2001-2007 period the percentage of subjects without treatment was always higher than those treated (except 2002), among all treated subjects the most frequent was the low-threshold approach, followed by the higher-threshold approach, whereas every year the high-threshold approach was the approach with the lowest percentage (Figure 8.4).

b) Drug Users in Prison in 2007 *prepared by Andreja Drev*

In 2007 the number of people identified as illicit drug users in prison rose by 14% compared to 2006. The total number of all imprisoned people in 2007 was 4,311, of whom 1,090 had problems with illicit drug use (25.3%) (Table 8.5). 55 of these were compulsorily treated under Article 66 of the Penal Code (52 males and three females).

Table 8.5 *Number of imprisoned people with illicit drug-related problems relative to the total prison population by categories, Slovenia, 2007*

Imprisoned people by category	Total prison population (number of people)	Number of people with illicit drugs-related problems	Share of people with illicit drug-related problems (in %)
Prisoners	1.871	659	35.2
Misdemeanants	1.138	71	6.2
Prisoners in remand	1.260	338	26.8
Juveniles (young offenders)	42	22	52.4
Total	**4.311**	**1.090**	**25.3**

Source: Prison Administration of the RS

Inmates who were abstinent from drugs during their imprisonment and were interested in participating in outdoor treatment programmes offered by health institutions (the psychiatric hospital, CPTDA Ljubljana, other CPTDAs) and NGOs (Društvo Up, Skupnost Srečanje, Karitas - Pelikan, Društvo Svit, Zavod Vir, Projekt Človek, Društvo Stigma) were enabled to do so. In 2007, 36 inmates decided on this kind of treatment. After their imprisonment 35 people continued their treatment.

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

Abstinence crises of imprisoned people are dealt with in co-operation with the CPTDAs' specialists; in 2007 there were 251 such crises and the majority of crises were resolved by prison ambulance units. The abstinence crises of 153 prisoners on remand, 87 prisoners and 11 misdemeanants were resolved by remedies and by an increased dose of methadone.

The treatment of inmates with illicit drug problems was accompanied by problems like the low motivation of inmates for lifestyle changes, denial problems etc.

One inmate died due to an intentional overdose.

Methadone therapy

In 2007, methadone substitution treatment continued to be performed by health services in prison in co-operation with medical doctors (specialists) from the regional CPTDAs. Among the 1,090 inmates who had problems with illicit drug use or were addicted to illicit drugs, methadone substitution was prescribed for 586 people (53.7%), whereby maintenance methadone treatment prevailed. Compared to 2006, the number of people receiving methadone rose by 10% (Table 8.6).

Table 8.6 *Number of imprisoned people receiving methadone therapy, Slovenia, 2002-2007*

Category of people receiving methadone	2002	2003	2004	2005	2006	2007
Prisoners on remand	88	142	142	180	242	234
Prisoners	134	192	238	202	290	352
Total	**222**	**334**	**380**	**382**	**532**	**586**

Source: Prison Administration of the RS

Among 704 newly imprisoned people with illicit drugs problems, 432 people (61.4%) had had methadone substitution prescribed before their imprisonment.

Illicit drug testing

All inmates included in illicit drug treatment programmes or in methadone therapy were regularly tested for drug use. For the purpose of establishing the presence of opiates, cannabis and benzodiazepines in the human body, an immunoassay of a urine sample was conducted. In the case of a positive test the methadone therapy was gradually suppressed. In 2008, 3,505 urine tests were given.

International Study: Provisions for Amphetamine-Type Stimulant Users in European Prisons

Two Slovenian prisons (Ljubljana and Ig) took part in the study Provisions for Amphetamine-Type Stimulant Users in European Prisons carried out in 2006. The objective of the study was to examine practices and policies in place for the provision of the targeted prevention and treatment of cocaine and amphetamine-type stimulant users in prison in nine European countries.
In the conclusions the author pointed out that the use of cocaine and amphetamine-type stimulants is associated with the aggression and violence, financial problems, psychological and physical problems of prisoners. The author also stressed that prison staff are often ill-equipped to deal with stimulant-related problems and the lack of targeted interventions against stimulant users in prisons.
For more on the study, see: http://www.informaworld.com/smpp/content~content=a770800639~db=all

Social Costs
No new information available.

9. Responses to Social Correlates and Consequences

Overview / summary of framework, strategies and interventions in relation to the prevention of social consequences *prepared by Marko Cerar, Barbara Lovrečič*

Data about employment status of former drug users are not collected routinely. Prison Administration is not able to socially reintegrate all former drug users and entirely after they have served penalty of imprisonment.

Social Reintegration *prepared by Marko Cerar, Barbara Lovrečič*

Data about social status and social reintegration of former drug users are scarce. According to correspondence with Statistical Office of the Republic of Slovenia this institution does not routinely collect data about employment status of former drug users.

Those illicit drug users who are unemployed may seek help at the Employment Service of Slovenia, which provide clients with job placements and counselling, implement the rights arising from unemployment insurance, carry out employment programmes, provide vocational guidance for schoolchildren and adults, and deal with scholarships. According to the correspondence with the Employment Service of Slovenia their employees, who provide counselling to the clients, register various information about clients and information on use of illicit drug (currently or in the past) is among them. But this information are not collected or analysed at the national level. According to the correspondence with the Ministry of Labour, Family and Social Affairs also does not collect this kind of data.

Ministry of Labour, Family and Social Affairs is responsible for the implementation of the EQUAL Initiative in the Republic of Slovenia. One of the aims of this initiative is to promote a better model for working life by fighting discrimination and exclusion. Political framework of this initiative in Slovenia is Joint Assessment Paper and Joint Inclusion Memorandum.

A non-governmental organisation Institute Vir is included in the implementation of the EQUAL Initiative and its main aim was to promote employment of drug users. Process RP Feniks was initiated in which new ideas and methods were developed with the goal to be included in the policies. Institute cooperated with several partners (political, professional and business institutions). One of significant achievement are changes of internal rules of private company, which are now much more in favour of those employees who have problems due to use of drugs. Similar changes were achieved in the school centre in Celje for the pupils in secondary school who have problems due to use of drugs. In both cases the rights and obligations of drug users and of institutions were altered. Institute Vir carried out trainings for personnel and professors to increase comprehension of problems related to drug use.

Institute Vir also conducts high-threshold programme for drug users. Programme for an individual takes 20 months. An Individual should achieve abstinence in first two or three months and afterward he or she commences education programme or activities to find a job. Namely both are basis for social rehabilitation and reintegration.

Prevention of drug-related Crime

The Slovenian prisons cannot perform the task of preparing social reintegration. For more information please see Drug use in prison and previous reports.

10. Drug Markets

Overview / summary on drug market *prepared by Barbara Lovrečič*

The substance most frequently seized in Slovenia is cannabis, followed by heroin and cocaine. Cannabis is also seized in the largest quantities in Slovenia compared to other illicit drugs. This partly results from the fact that the cannabis plant is also grown in Slovenia, which consequently means higher seized quantities of the drug. However, quantities seized is not a good indicator of the availability of illicit drugs in Slovenia as Slovenia is often not the final destination of these drugs but only a transit country, and because these figures also reflect the intensity of police activities. The heroin smuggled via Slovenia mostly comes from Kosovo. Especially criminal organisations from the countries of former Yugoslavia and Albania are active in Slovenia. In the opposite direction to heroin, criminal groups smuggle synthetic drugs and precursors (substances from which illicit drugs are formed) for the production of illicit drugs, especially heroin and cocaine.
Regarding the potency and concentration of the illicit drugs available in Slovenia, the experience of recent years has shown that there are considerable variations, This applies not only to new synthetic drugs (ecstasy, amphetamine), but also to more traditional drugs like heroin and cocaine.

Availability and supply *prepared by Peter Skerbiš*

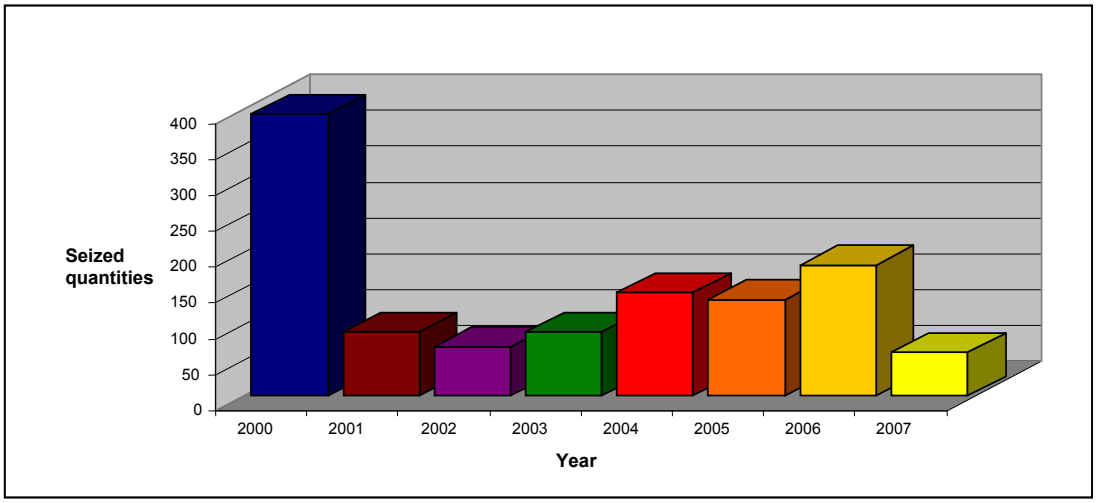
Because of its geographical position Slovenia is one of the main transit and destination countries with regard to the illegal distribution of illicit drugs. Heroin is smuggled from South-east Asia via Turkey and:

- the northern Balkan route: Bulgaria - Romania - Hungary - Western Europe;
- the central Balkan route: the countries of former Yugoslavia, particularly via Macedonia, Kosovo and Slovenia to Western Europe; and
- the southern Balkan route: via Albania to Italy.

The heroin smuggled via Slovenia mostly comes from Kosovo. Especially criminal organisations from the countries of former Yugoslavia and Albania are active in Slovenia. In the opposite direction to heroin, criminal groups smuggle synthetic drugs and precursors (substances from which illicit drugs are formed) for the production of illicit drugs, especially heroin and cocaine.

Taking into consideration the growing seizures of heroin in Slovenia, seized quantities of heroin in Slovenia have been rising in line with the bigger production of opium in Afghanistan. Seized quantities of heroin have been increasing, except in 2002, 2005 and 2007 (Figure10.1).

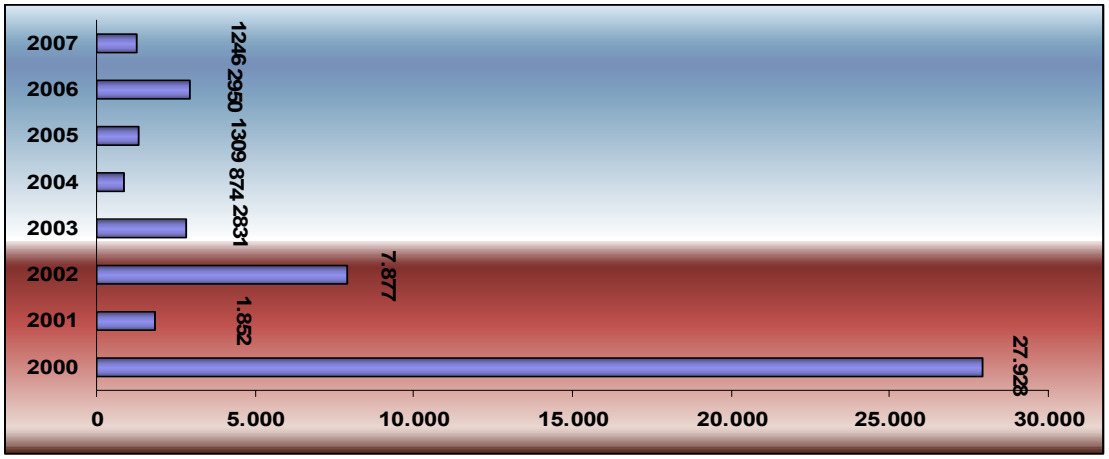
Figure 10.1 *Seized quantities of heroin (in kg) 2000-2007, Slovenia*



Source: Ministry of the Interior of the RS

Regardless of the smuggling routes of heroin, the precursors of heroin (substances needed for the production of heroin which are controlled by the international community) are smuggled in the opposite direction: from Western Europe to Central Asia. Synthetic drugs are smuggled in the same direction as the precursors. Figure 10.2 shows seized quantities of ecstasy, with this substance being the most common illicit synthetic drug in Slovenia.

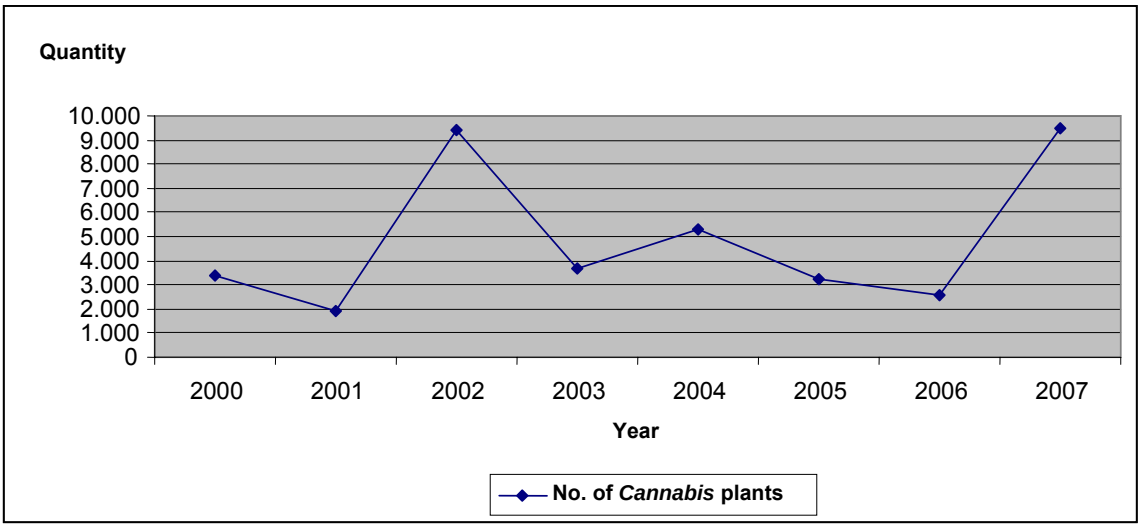
Figure 10.2 *Seized quantities of ecstasy (in tablets) 2000-2007, Slovenia*



Source: Ministry of the Interior of the RS

Cannabis is seized in the largest quantities in Slovenia compared to other illicit drugs. This partly results from the fact that the cannabis plant is also grown in Slovenia, which consequently means higher seized quantities of the drug. Figure 10.3 shows seized quantities of the cannabis plant in Slovenia.

Figure 10.3 *Seized quantities of cannabis plant in Slovenia, 2000-2007*



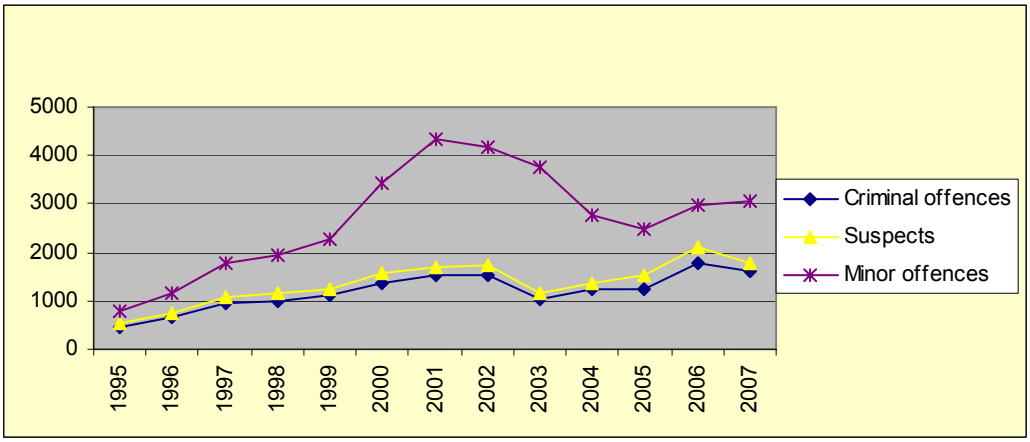
Source: Ministry of the Interior of the RS

Compared to 2006, the number of investigated criminal offences related to illicit drugs in 2007 decreased from 1,794 to 1,612 or by 10.1%, but the intensity of police work in this area did not decrease. Some lengthy operations against international criminal associations which required a considerable police engagement were closed in 2007. The results of an operation conducted by the Slovenian police against an international criminal association resulted in the seizure of more than 100 kg of heroin abroad (mostly in Italy and Switzerland), smuggled by Slovenian citizens from Kosovo to Western Europe. Police officers, in co-operation with customs officers at border

crossing points, seized less heroin and marihuana and more cocaine. Further, an international criminal investigation was conducted in 2007 against a criminal association smuggling acetic acid anhydride (a precursor of heroin) from Slovenia to Turkey. Although the investigation continued in 2008, when the Slovenian police seized the largest quantities of this precursor, in 2007 they seized over 6,472 litres of this substance and the Turkish police had already seized nearly 13 tons.

1,612 criminal offences related to illicit drugs were investigated in 2007 and 1,794 in 2006. In 2007, the number of criminal offences decreased by 10.1%. In 2007, 1,429 offences of the unlawful manufacture of and trade in narcotic drugs under Article 196 of the Slovenian Penal Code were investigated. In 2006, the police investigated 1,590 offences of this kind. Compared to 2006, 10.1% fewer offences were investigated in 2007. In 2007, the police investigated 183 offences of enabling an opportunity for the consumption of narcotic drugs under Article 197 of the Penal Code; this represents a decrease of 10.3% compared to 2006, when 204 such offences were investigated.

Figure 10.4 *Number of criminal offences, suspects and minor offences, 1995-2007, Slovenia*



Source: Ministry of the Interior of the RS

In 2007, the police investigated 3,077 breaches of the Production of and Trade in Illicit Drugs Act, and, in 2006, 2,974 such breaches. In 2007, 3.46% more breaches were investigated. In 2007, the police filed crime reports and supporting reports concerning offences related to illicit drugs against 1,783 suspects. This is 15.2% less than in 2006, when 2,102 crime and supporting reports were filed.

Table 10.1 *Criminal offences and suspects, 2006-2007, Slovenia*

Type of criminal offence		Number of offences		Rise/ Fall (%)	Number of suspects		Rise/ Fall (%)
		2006	2007		2006	2007	
Abuse of illicit drugs	Unlawful manufacture of and trade in narcotic drugs	1590	1429	-10.1	1900	1600	-15.8
	Enabling an opportunity for the consumption of narcotic drugs	204	183	-10.3	202	183	-9.4
	Total	1794	1612	-10.1	2102	1783	-15.02

Source: Ministry of the Interior of the RS

Seizures *prepared by Mercedes Lovrečič*

In Slovenia the most frequently seized illicit drug (in kg) in 2007 remained cannabis, followed by heroin and cocaine. Nevertheless, the quantities of seized cannabis and heroin in kg decreased compared with 2006, while the quantities of seized cocaine in kg rose extremely.

The Customs Administration of the RS reported six seizures in 2007 in Slovenia: in two of them they seized 32,860 g of heroin, in another two 40,302 g of cocaine and in the other two 8,029 g of marihuana. In 2008 they reported one seizure of 16,900 g of cocaine. Table 10.2 represents the seizures of illicit drugs in quantities made by all law enforcement (police, customs) agencies in Slovenia in the 2005-2007 period.

Table 10.2 *Seizures of illicit drugs in quantities made by all law enforcement agencies, Slovenia, 2005-2007*

Substance	**Unit**	**2005**	**2006**	**2007**	Change 07/06 (%)
Heroin	kg	134.210	182.290	60.443	-66.8
Cocaine	kg	2.140	4.670	41.749	794.0
Ecstasy	tablet	1309.000	2950.000	1246	-57.8
	kg	0.000	0.819	0.018	-97.8
Amphetamine	kg	0.130	3.410	0.994	-70.9
	tablet	235.000	201.000	1070.500	432.6
Cannabis (plant)	pcs	3214.000	2557.000	9483	270.9
	kg	15.620	0.069	0	-100.0
Cannabis (marijuana)	kg	112.320	553.000	157	-71.6
Cannabis resin (hashish)	kg	0.720	4.340	0.684	-84.2
Methamphetamine	tablet	44.000	37.000	203	448.6
	kg	0.000	0.000	0.030	
LSD	unit	0.000	5.000	1	-80.0
Methadone	tablet	3.000	133.000	5	-96.2
	ml	3267.170	2532.000	1757.000	-30.6
Benzodiazepine	tablet	1787.000	1503.500	1249.500	-16.9

Source: Ministry of the Interior of the RS

Table 10.3 allows us to overview the data on the number of seizures by all law enforcement agencies regarding criminal offences, by type of drug in Slovenia in 2007. The most frequently involved illicit drug was cannabis, followed by heroin and cocaine.

Table 10.3 *Number of seizures by all law enforcement agencies regarding criminal offences, by type of drug, Slovenia, 2007*

Type of illicit drug	**Art. 196**	**Art. 197**	**Minor offences**	**Total**
Heroin	183	10	379	572
Cocaine	78	4	117	199
Ecstasy	15	0	22	37
Amphetamine	39	5	138	182
Cannabis (plant)	80	2	284	366
Cannabis (marijuana)	227	25	1875	2127
Cannabis resin (hashish)	17	0	112	129
Methamphetamine	4	0	19	23
Methadone	4	1	33	38
Benzodiazepine	8	0	39	47
Total	**655**	**47**	**3018**	**3720**

Sources: Ministry of the Interior of the RS

Price/Purity *prepared by Barbara Lovrečič*

Information by the Ministry of the Interior on the prices of various illicit drugs sold at street level is given in Table 10.4.

Information on the purity of drugs comes from the Forensic Science Services (Ministry of Interior; with national coverage). The latest data for 2007 regarding heroin (brown) for the mean percentage purity for a unit (g) in Slovenia was 29.6 (sample size N= 602; minimum 0.4%, maximum 64%, mode 26.2).

Table 10.4 *Prices (EUR per g/pill) of some illicit drugs at street level in 2007 in Slovenia*

Year	Type of illicit drugs	Herbal cannabis (type unspecified) (1g)	Heroin brown (1g)	Cocaine (1g)	Amphetamine (1g)	Ecstasy (1 tablet/unit)
2007	Minimum	4	30	40	40	5
	Maximum	10	70	100	60	7
	Average	na	na	na	na	na

Sources: Ministry of the Interior of the RS
Note: data are based on information and fictitious purchases by undercover police agents
Na - data not available

In 2007 in Slovenia the use of ecstasy pills containing the ingredient mCPP were reported. It is well known that the psychoactive effect of mCPP is less intensive than MDMA. Simultaneous use of MDMA and mCPP represents a greater risk factor in terms of side effects, complications and consequences.

Part B:

Selected Issues

11. Sentencing statistics

Illicit drug-related offences *prepared by Mercedes Lovrečič, Barbara Lovrečič*

According to the Penal Code of the Republic of Slovenia (Official Gazette RS 63/94, paragraphs 196 and 197) the illegal production of and trade in narcotic drugs and psychotropic substances and facilitation of illicit drugs use are defined as criminal acts.
The possession of illicit drugs recognised as being for personal use only is not considered a criminal act but an offence according to the Act on Production and Traffic of Narcotics (Official Gazette 108/99).

The Slovenian Penal Code defines drug-related criminal offences in Article 196 (manufacture and trafficking) and in Article 197 (facilitating the consumption of illicit drugs).
Article 196 (manufacture and trafficking) defines: »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 no less than one and no 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 no less than three years; (3) Whoever without authorisation manufactures, purchases, possesses or furnishes other people with equipment, material or substances which are, to his knowledge, intended for the manufacture of narcotics shall be sentenced to imprisonment of no less than six months and no more than five years; (4) Narcotics and the means of their manufacture shall be seized.«
Article 197 (facilitating the consumption of illicit drugs) defines: »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 no less than three months and no 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 no less than one and no more than ten years; (3) Narcotics and the tools for their consumption shall be seized.«

Data on drug-related use/possession represent the number of seizures of illicit drugs involving the committing of an offence under Article 33 of the ZPPD, drug-related dealing/trafficking presents data on the number of seizures of illicit drugs related to Article 196 of the Penal Code, while data on drug-related use and trafficking present the number of seizures according to Article 197 of the Penal Code.

Article 33 of the ZPPD defines: »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 five 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.«

According to the 2007 Police Annual Report and data reported by the Ministry of the Interior of the RS, Table 11.1 reflects the progressively increasing trend of numbers of drug-related criminal offences in Slovenia in the period from 1993 to 2002, with an isolated decrease in 2003 and an increase again in the period 2004-2006 and a final mild decrease in 2007. Similar trends were reported for numbers of drug-related minor offences (decrease in the 2002-2005 period) and

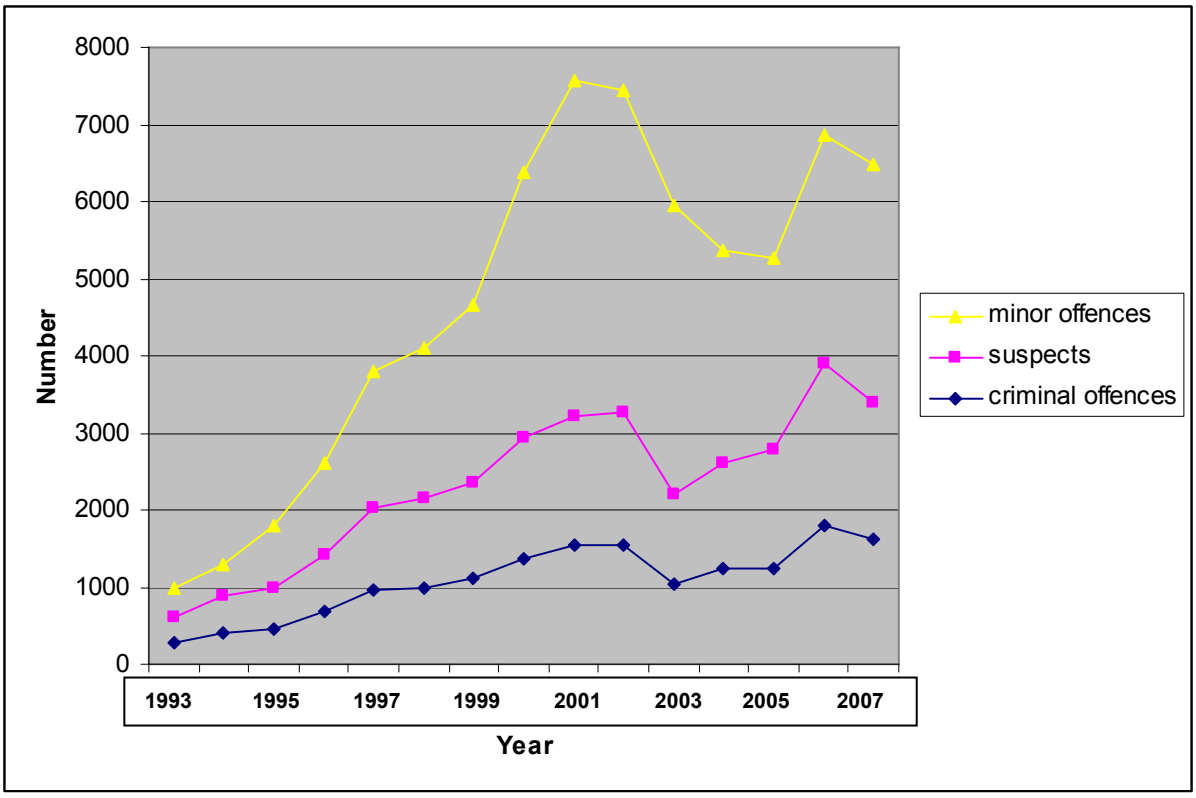
suspects (a decrease in 2003 and again in 2007). Globally in Slovenia in the period from 1993 to 2007 the number of drug-related criminal offences increased almost 20 times, by more than eight times with the number of minor offences and by more than five times with the number of suspects (Table 11.1 and Figure 11.1).

Table 11.1 *Number of drug-related criminal offences, suspects and minor offences, 1993-2007, Slovenia*

Year	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Criminal offences	281	407	453	675	964	988	1121	1370	1537	1539	1046	1231	1241	1794	1612
Suspects	329	475	539	752	1072	1168	1241	1568	1681	1715	1167	1374	1536	2102	1783
Minor offences	365	418	796	1174	1773	1954	2289	3433	4352	4178	3744	2755	2490	2974	3077

Source: Ministry of the Interior of the RS, 2007

Figure 11.1 *Number of drug-related criminal offences, suspects and minor offences, 1993-2007, Slovenia*



Source: Ministry of the Interior of the RS, 2007

In 2007 the police in Slovenia investigated 1,612 drug-related criminal offences, which was 10.1% less than in 2006 when it investigated 1,794 drug-related criminal offences (44.6% more than in 2005). In 2007 the number of criminal offences pursuant to Article 196 was 10.1% lower than in 2006 when the number of criminal offences pursuant to Article 196 rose by 55% over 2005. On the other hand, the number of criminal offences pursuant to Article 197 fell by around 5.6% in 2006 by comparison with 2005 and by 10.3% in 2007 regarding 2006. In the same period, the number of suspects of criminal offences also saw similar changes. In 2007 the number of suspects in connection to Article 196 decreased by 15.8% by comparison with 2006 when it increased by 43.7% over 2005, while those in connection to Article 197 dropped by nearly 5.6% in 2006 regarding 2005 and by around 9.4% in 2007 regarding 2006 (Table 11.2).

According to the police's assessment, the data for 2006 were the result of the increased intensity of police work in the field of illicit-drug-related crime, while in 2007 the data were not the result of lower police activity but the conclusion, in 2007, of a long-term operation against an international criminal organisation.

Table 11.2 *Data on the number of criminal offences and suspects, 2005-2007, Slovenia*

	No. of criminal offences			Number of suspects		
Year	Art. 196	Art. 197	Total	Art. 196	Art. 197	Total
2005	1026	215	1241	1322	214	1536
2006	1590	204	1794	1900	202	2102
2007	1429	183	1612	1600	183	1783

Source: Ministry of the Interior of the RS, 2007

Table 11.3 shows the number of drug-related criminal offences pursuant to the Act on the Production and Traffic of Narcotics (Article 33). In the 2005-2007 period in Slovenia the number of violations of the Act on Production and Traffic of Narcotics increased. In 2007 2,125 persons in possession of illicit drugs (personal use only) were reported and 952 persons in possession of illicit drugs (a small amount). Among all 3,077 reported cases, 47.7% of those involved were aged between 18 and 24 years, 34.3% were between 24 and 28 years and 15.2% of all of them were foreigners.

Table 11.3 *Data on violations of the Act on the Production and Traffic of Narcotics, 2005-2007, Slovenia*

Year	2005	2006	2007
Number	2490	2974	3077

Source: Ministry of the Interior of the RS, 2007

For more information, please also see National policies and context, Social Correlates and Consequences, Drug Markets and previous reports.

Driving offences prepared *by Mercedes Lovrečič, Barbara Lovrečič*

The Road Traffic Safety Act (Official Gazette RS 25/2006) of the Republic of Slovenia prescribes the rules and conditions for participating in street traffic. The Act states that the police can, because of the ascertainment that a participant in street traffic or a participant in a traffic accident has alcohol or more alcohol than is permitted in their organism, perform a test by means or devices for identifying the presence of alcohol. If a test participant refuses this, the police prohibits the driver from any further driving of their motor vehicle and temporarily takes away their driver's licence. If because of various health conditions or any other objective reason connected with health or where the test cannot be made according to the instructions of the manufacturer of the device the test cannot be carried out, the police order a special test to be made at a hospital.

The Act states that when a participant is driving under the influence of drugs, psychoactive medicaments or other psychoactive substances which reduce their capability for driving, the police carry out the procedure for recognising signs or symptoms of these illicit substances in their organism. This procedure can be carried out with use of a device for quickly finding the presence of drugs, psychoactive medicaments or other psychoactive substances in their organism. In the event of recognition of such a sign or symptom and where the test was not carried out with a device for quickly identifying the presence of drugs, psychoactive medicaments or other psychoactive substances in their organism or if a participant in street traffic refuses to co-operate in

the procedure for recognising the signs and symptoms or the whole procedure cannot be conducted, the police order a special test to be conducted at a hospital. If the test was made with a device for quickly identifying the presence of drugs, psychoactive medicaments and other psychoactive substances in their organism and the results show that the participant in street traffic has these substances in their organism, the police fills out a record of the test which must also be signed by the person tested (Road Traffic Safety Act, 2006).

According to the Road Traffic Safety Act, in Slovenia a participant in street traffic ordered to undergo a special test in hospital by the police must follow the instructions so given. Any driver who the police has ordered to undergo the special test in hospital is also forbidden from carrying on with driving, or the driver can temporarily lose their driving licence except where defined by this Act. The Minister of the Interior with the agreement of the Minister of Health defines the procedure for recognising the signs or symptoms which are the results of using drugs, psychoactive medicaments or other psychoactive substances. The special test applied at hospitals in both cases (alcohol, other psychoactive substances) first includes a medical examination in which doctors establish the signs of a disturbance in behaviour, which could lead to the uncertain use of a motor vehicle in traffic, second the taking of samples of blood, urine and other body fluids or tissue to ascertain the presence of alcohol, drugs, psychoactive medicaments and other psychoactive substances which influence the possibility of safe driving in street traffic (Road Traffic Safety Act, 2006).

The procedure to recognise driving under the influence of drugs, psychoactive medicaments and other psychoactive substances in their organism started to be performed by the police in June 2006 according to the Road Traffic Safety Act and the regulations on the procedure to recognise signs and symptoms of using drugs, psychoactive medicaments and other psychoactive substances in their organism (Official Gazette RS 52/2006) from April 2006. These regulations exactly define the procedure for recognising signs or symptoms which are the results of using drugs, psychoactive medicaments and other psychoactive substances in their organism and which reduce the capability of each participant in street traffic during their driving. The police in accordance with the regulations enter the results of the procedure in a protocol which has three phases: 1) an eye test; 2) an estimation of the size of the pupils; and 3) an ordered special test. The special test is ordered if at least one of the phases mentioned above confirms the suspicion that the participant in street traffic is under the influence of a drug, psychoactive medicaments or other psychoactive substances. Reasons for such a suspicion written in Article 7 of the Regulations include: eye shudder, reddened (red) eyes, floating eyes, eye turbidity or any other deviation of the eyes rather than a normal appearance, if the eyes do not focus directly on one chosen point or if the size of the pupils deviates from the normal size and if the reaction of the pupils to light is indirect (according to the regulations of the procedure to recognise signs and symptoms of using drugs, psychoactive medicaments and other psychoactive substances in their organism, 2006).

The police can, according to the Road Traffic Safety Act and the regulations, order the special test in hospital when the whole procedure cannot be carried out on the premises or the procedure is refused by the participant in street traffic. In any case, the main evidence in procedures conducted by the police and court are the results of toxicological analysis[2].

In the opinion[3] of the Slovenian police the implementation of procedures for recognising driving under the influence of illicit drugs, psychoactive medications and other PAS, selectivity and rationalisation will increase with the ordering of expert examinations, i.e. many interventions in health institutions will not be necessary to order (a blood and urine tracking system). The direct effect of PAS will be observed in the driver's ability to manage the vehicle; the number of detected offences and detected offenders will rise.

[2] Start of the performance of the procedure for the recognition of signs and symptoms which are the result of drugs, psychoactive medicaments or any other psychoactive substances in the organism, http://www.policija.si/si/szj/szj_prikaz_det.php?id=1143 (3.7.2006).
[3] Implementation of the procedures for recognising symptoms as a consequence of drugged driving in the human body, http://www.policija.si/si/szj/szj_prikaz_det.php?id=1143 (3.7.2006).

To ascertain the presence of PAS in the human body, a tool for estimating the size of the pupil in the eye - the “pupil-metre” (a small card which during the examination is put next to the person’s eye to help the police establish the size of the pupil) - is used. The objective of the examination with the “pupil-metre” is to confirm the suspicion of the presence of PAS in the human body and to ensure greater selectivity and rationalisation of ordering examinations.

In December 2006 the Resolution on the National Programme on Road Traffic Safety 2007-2011 (Resolution) was adopted by the Slovenian Parliament (Official Gazette RS 2/2007). The Police Department was included in preparation of this resolution.

According to the resolution, alcohol, illicit drugs and other psychoactive substances (PAS) are an important risk factor of traffic safety. Every third perpetrator of an accident with a mortal outcome and every fourth perpetrator of an accident involving serious physical injuries in Slovenia was driving under the influence of alcohol. The share of inebriated drivers among the perpetrators of accidents is one of the highest compared to other European countries. In addition, the number of established cases of driving under the influence of illicit drugs and other PAS is growing.

In the resolution measures for preventing the abuse of alcohol, illicit drugs and other PAS are listed among the most urgent measures for road traffic safety. Some of those measures are:
- the organisation of preventive activities;
- preventive programmes in primary and high schools;
- random road traffic controls;
- enhanced road traffic controls in special periods (e.g. in the period of the wine harvest); and
- an evaluation of the efficiency of restrictions regarding youth access to alcohol and for the drivers of motor vehicles.

Driving under the influence of alcohol and PAS is increasing, while the decrease in driving abilities under the influence of PAS is an important risk factor of traffic accidents. According to data from scientific research, marihuana is the most frequently discovered illicit drug in fatal traffic accidents as it has a similar effect to alcohol. Drivers using cannabis are three to seven times more often involved in traffic accidents than those not using alcohol or other drugs (Lovrečič, Drobne 2004).

In 2007 in Slovenia the police detected 492,786 (496,560 in 2006) or 0.8% less violations of the Road Traffic Safety Act. In 2007 30,400 (31,569 in the previous year) or 3.7% less road accidents were investigated in which 58,957 people were involved, namely a 5.5% decrease compared to 2006 (62,403 people). Compared to the last year, more alcohol tests and more professional examinations due to the suspicion of driving under the influence of alcohol or illicit drugs were ordered. 293 people died in road accidents, which is 11.8% more than in 2006 (262 people). The number of people seriously injured in road accidents increased from 1,220 to 1,263 or by 3.5%, while the number of people with minor injuries decreased from 14,855 to 14,774 or by 0.5%.

The enforcement measures taken by the Police during road traffic surveillance in Slovenia were presented in Table 11.4 and Table 11.5.

Table 11.4 *Enforcement measures taken by the police when suspecting drugged and drunk driving during road traffic surveillance, Slovenia, 1999-2007*

Measures taken by Police/Year	1999	2000	2001	2002	2003	2004	2005	2006	2007
ALCOHOL									
No. of ordered tests (Alco-test)	124161	146042	176042	188326	245245	255434	246611	323649	384591
No. of positive tests (Alco-test)	39463	37292	36223	34759	34527	31740	22289	25883	27934
% of positive tests out of all ordered Alco-tests	31.8	25.5	20.6	18.5	14.1	12.4	9.0	8.0	7.3
No. of ordered expert examinations	3523	3969	6609	5826	5757	5183	3452	2282	2498
No. of positive expert examinations	2006	2108	1931	1769	1866	1557	1191	891	870
% of positive expert examinations out of all ordered expert examinations	56.9	53.1	29.2	30.4	32.4	30.0	34.5	39.0	34.8
OTHER PAS									
No. of ordered expert examinations	1451	2175	3008	3552	3642	3714	2727	1586	1774
No. of positive expert examinations	378	431	638	652	520	525	404	259	308
% of positive expert examinations out of all ordered expert examinations	26.0	19.8	21.2	18.4	14.3	14.1	14.8	16.3	17.4
No. of negative expert examinations	-	126	214	468	541	681	501	322	355
% of negative expert examinations out of all ordered expert examinations	-	5.8	7.1	13.2	14.9	18.3	18.4	20.3	20.0
No. of refused expert examinations	-	1618	2156	2407	2527	2463	1768	961	1066
% of refused expert examinations out of all ordered expert examinations	-	74.4	71.7	67.8	69.4	66.3	64.8	60.6	60.1

Source: Ministry of the Interior of the RS, 2007

Table 11.5 *Most common measures taken by the police during road traffic controls, 2004-2007, Slovenia*

	2004	2005	2006	2007
Alcohol test	255434	246611	323649	384591
positive	31740	22289	25883	27934
negative	219528	221714	295406	353591
refused	3759	2404	2130	2186
Examination (alcohol)	5183	3452	2282	2498
positive	1557	1191	891	870
negative	1190	1003	655	804
refused	2336	1151	647	735
Examination (drugs)	3714	2727	1586	1774
positive	525	404	259	308
negative	681	501	322	355
refused	2463	1768	961	1066
Detention until sober	749	412	371	431
Temporary confiscation of driving licence	27238	18174	20227	22189
Bringing before a judge or a general offences department of a local court	270	379	312	222

Source: Ministry of the Interior of the RS, 2007

Table 11.6 shows a comparison of the number of people under the influence of alcohol responsible for road accidents and the total number of people responsible, by the type of accident. In Slovenia in the period 2004 to 2007 more than one-third of fatal accidents were cocaused by alcohol-effected drivers with the average alcohol concentration of between 1.58 and 1.63 g/kg.

Table 11.6 *Number of alcohol-effected persons responsible for road accidents and average alcohol concentration, Slovenia, 2004-2007*

	Total persons responsible				Alcohol effected persons responsible				Share of total (%)				Average alcohol concentration (g/kg)*			
Year	2004	2005	2006	2007	2004	2005	2006	2007	2004	2005	2006	2007	2004	2005	2006	2007
Fatal accident	262	242	241	271	95	82	90	104	36.3	33.9	37.3	38.4	1.58	1.61	1.58	1.63
Injury accident	12677	9924	10598	10638	1499	1291	1449	1419	11.8	13.0	13.7	13.3	1.48	1.47	1.46	1.50
Material damage accident	30234	19424	18962	16785	2313	1806	1942	1817	7.7	9.3	10.2	10.8	1.49	1.52	1.52	1.55
Total	43173	29590	29801	27694	3907	3179	3481	3340	9.0	10.7	11.7l	12.1	1.49	1.50	1.50	1.53

* The average alcohol concentration is expressed in g/kg for comparability reasons.
Sources: Police Annual Report 2007, Police Annual Report 2006, Police Annual Report 2005

For more information, please also see National policies and context, Social Correlates and Consequences, Drug Markets and previous reports.

Part C:

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15. Annexes

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AIDS	acquired immunodeficiency syndrome
anti HBc	antibodies against the hepatitis B virus
ASC	Ambulance Services Centre
CAN	Council for Information on Alcohol and other Drugs
CHC	community health centre
CI	confidence intervals
CPTDA	Centre(s) for the Prevention and Treatment of Illicit Drug Addiction
CRC	Capture Recapture method
CTDA	Centre for the Treatment of Drug Addicts at the Psychiatric Clinic Ljubljana
DRD	drug-related deaths
DTDI	Drug Treatment Demand Indicator
DUTE	Drug Users Treatment Evidence
EC	European Commission
ED	Emergency Department
EDDRA	Exchange on Drug Demand Reduction Action
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESPAD	European School Survey Project on Alcohol and Other Drugs
EUR	euro
F	female
FTD	first treatment demand
FTE	Full-time equivalent
GBL	gamma-Butyrolactone
GHB	gamma-hydroxydbutyric acid
GMR	General Mortality Register
GPA	General Police Administration
HBV	hepatitis B Virus
HCV	hepatitis C virus
HDG	Horizontal Drugs Group
HIIS	Health Insurance Institute of Slovenia
HIV	human immunodeficiency virus
HPI	Health Protection Institute
ICD-10	International Classification of Diseases (10th Revision)
IDU	injecting drug user
IFM	Institute of Forensic Medicine - Toxicology Department
IMC	International marketing company
IPH	Institute of Public Health of the RS
LAC	Latin America and Caribbean
LAG	Local Action Group
LRTS	Law on Traffic Road Safety
LSD	Lysergic acid diethylamide
KOVIVIS	Koroška Centre for Higher Education
mCPP	metaklorofenilpiperazin
M	male
MDMA	3,4-methylenedioxymethamphetamine
NFP	National Focal Point
NGO	non-governmental organisation
NIPH	National Institute of Public Health

OD	Office for Drugs
PAS	psychoactive substances
PDU	problem drug use
PHCC	Primary Health Care Centre
PHEU	Pre-hospital Emergency Unit
PG	Pompidou Group of the Council of Europe
RS	Republic of Slovenia
RU	regional unit
SMT	substitution maintenance treatment
SMTC	substitution maintenance treatment Center
SOUNDEX	special system code used for data collection for the DUTE database
TDI	treatment demand indicator
THC	∆9-tetrahydrocannabinol
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
USA	United States of America
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