National Institute of Public Health

REPORT ON THE DRUG SITUATION 2010 OF THE REPUBLIC OF SLOVENIA

European Monitoring Centre
for Drugs and Drug Addiction

National Institute
of Public Health

2010 NATIONAL REPORT (2009 data) TO THE EMCDDA
by the Reitox National Focal Point

SLOVENIA

New Development, Trends and in-depth information on selected issues

REITOX

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Summary

In 2009 and 2010, the Ministry of Health of the Republic of Slovenia, which is responsible for the field of drugs, decided to update relevant legislation based on its prior assessment. Currently, the legislation analysis and preparation of new law drafts are being conducted. In 2009, the analysis of the strategy in the field of drugs for the 2004–2009 period was also carried out. The Commission of the Government of the Republic of Slovenia for Drugs adopted a decision on developing a new strategy.

In 2009, a total of 10,000,495 euros was allocated for the field of drugs, with contributions from individual ministries and offices, local communities, the Health Insurance Institute of Slovenia, the Fiho foundation and the European Union.

The first survey on the prevalence of the use of illicit psychoactive substances (PAS) in the general population of 18–65 year olds in Slovenia was conducted in 2008. The use of illicit PAS at some point in their life was reported by 15.8% of interviewees. Cannabis is the most commonly used illicit drug, as 15% of interviewees have used it in their lifetime. Lifetime experience with other illicit PAS was reported by less than 2% of respondents – most frequently ecstasy (1.6%), volatile inhalants (1.4%), cocaine (1.4%) and LSD (1.3%). Lifetime use of illicit PAS has tripled since 1994, when the first data was available (4.3%).

In the 2008/2009 school year, 111 different health education activities dealing with the topic of psychoactive substances were implemented within the Health Education Programme, which is systematically implemented by health care workers and aimed at children and adolescents as part of universal prevention. Contents focused mainly on gaining knowledge about reasons for the occurrence of addiction and its consequences as well as on developing and strengthening skills, such as problem solving and management, decision making and critical attitude. In addition, preparations for implementation of the European Unplugged programme are also underway in Slovenia. In 2009, the Rakitna Youth Health Centre undertook a selective prevention programme for the reintegration and rehabilitation of young people with emotional disorders and/or eating disorders.

According to the records kept by the Centres for the Prevention and Treatment of Illicit Drug Addiction (CPTIDA), the 2009 programme was attended by 4,322 people, 3,324 of which were receiving substitution treatment. In the same year, a questionnaire on treatment demand within the network of 19 Centres for the Prevention and Treatment of Illicit Drug Addiction (CPTIDA) included 3,145 people, 2,229 of which were undergoing continuous maintenance treatment. Furthermore, the TDI data show that 916 people entered the CPTIDA programme for the first time or again; 511 people returned to the programme, whereas 371 joined it for the first time. The main drug that compelled those returning to the programme or entering it for the first time to seek help was heroin. Cocaine was the second most commonly reported drug. Most users enter the programme as unemployed persons; the majority of users have completed secondary education. A growing trend of users who are primary school pupils, secondary school students or university students is evident, while the proportion of unemployed users is also on the rise.

During the 2005–2009 period, not one single case of a newly discovered HIV infection with IDU history was reported. In 2009, the prevalence of hepatitis B antibodies (HBV; anti-HBc) among the tested injecting drug users was 5.4%. During the 2005–2009 period, the

prevalence level ranged from the highest (5.6%) in 2006 to the lowest (3.6%) in 2007. In 2009, the prevalence of hepatitis C antibodies (HCV) among the tested injecting drug users was 23.4%. During the 2005–2009 period, the prevalence level ranged from the highest (23.4%) in 2005 to the lowest (21.8%) in 2007.

In Slovenia, 37 direct deaths caused by illicit drug use were reported in 2008 and 28 in 2009. In both years, the number of male drug-related deaths was higher than the number of female deaths. The most common drug to cause poisoning was heroin, followed by methadone, other opioids and cocaine.

January 2010 saw the introduction of the programme entitled Stigma Refuge for Female Illicit Drug Users – Victims of Violence. Participation in the programme is voluntary. Two conditions that must be fulfilled for accommodation are a developed individual plan and agreement with the general rules, providing sanctions in the event of breaches and house rules. Users are offered various forms of help, such as psychosocial support through individual work, group work, advocacy, informal socialising, being accompanied to various institutions and leisure activities. The purpose of the programme is to offer accommodation in a safe environment, mitigate social and health consequences related to drug use and violence, improve the quality of users' lives and facilitate their social inclusion – to offer support and assistance in establishing their welfare, encourage users to abandon their risky lifestyles, promote living as independently as possible and develop social skills, provide users with information on other forms of professional help.

In 2009, a 32 percent increase in investigated criminal offences related to illicit drugs was recorded compared to 2008. The police reported about 2,231 criminal offences related to illicit drugs, 2,096 of which were criminal offences under Article 186 of the Criminal Code, i.e. criminal offences involving unauthorised production of and trade in illicit drugs. There are several reasons for the rise in criminal offences. The major reasons are the increased activity of the police in the field and a greater number of identified and investigated criminal groups, whose members committed criminal offences related to illicit drugs. In 2009, the police investigated 36 criminal groups involved in drug-related offences.

The signing of the Protocol of the Health Care and Health Insurance Act – following the HCHIA-K amendment (Official Gazette of the RS, No. 76/08) – gave all imprisoned persons the insurance status within compulsory health insurance. The Prison Administration of the Republic of Slovenia is liable for paying compulsory health insurance contributions, while funds required to cover the remaining full value of health services are provided by the Ministry of Health of the Republic of Slovenia.

In 2009, a good quarter of the entire prison population experienced problems with illicit drugs. Among 1,209 imprisoned individuals who were illicit drug users or who experienced problems due to drug use, 45% were receiving methadone therapy. The main form of treatment was maintenance therapy. In comparison with 2008, the number of persons on methadone therapy increased by 5 additional patients. Decisions for HIV and hepatitis tests among prisoners were less frequent than in 2008. According to available data on the 2009 test results, two persons were infected with the HIV virus, while hepatitis B was confirmed in 13 and hepatitis C in 47 prisoners.

A survey on risky behaviour, which included 235 male and female prisoners from three prisons, showed a lack of knowledge about possible ways of transmitting the hepatitis B and

C and HIV virus. Generally, prisoners engaging in sexual activity do not use protection or use it only rarely, although condoms are available. Some engage in unprotected sexual relations with HIV infected prisoners. Moreover, many injecting drug users in prisons report sharing or exchanging needles.

Slovenia can be labelled as a country with illicit drug users as well as a transit country, where organised criminal groups are active in the organisation, logistics support and implementation of criminal activities related to supplying the European market with illicit drugs. According to the data available so far, the country is not an illicit drug manufacturer, as no synthetic drug production has been recorded by the police since 2004. Furthermore, Slovenia is not known as a country manufacturing illicit heroin and cocaine either, but functions mainly as a transit and user country in relation to the two aforementioned illicit drugs. However, the production of cannabis has been on the rise in recent years and is therefore considered as an exception.

In recent years, the number of cannabis production sites has been growing, while some cases have also revealed highly sophisticated laboratories for cannabis production. The number of seized cannabis plants is also constantly rising. Statistical data show that 79.9% more cannabis plants were seized in 2009 than in 2004. Given this growing issue and the occurrence of modern or sophisticated laboratories, it can be assumed that Slovenia could become a country manufacturing cannabis in the future.

In the last two years, the prices of illicit drugs on the illegal market have varied to some extent; in 2009, the price per gram of heroin was 33 euros, a gram of cocaine cost 50 euros 4 to 6 euros per gram of cannabis, 8 to 10 euros per gram of amphetamine and 3 to 4 euros per gram of ecstasy.

The first methadone maintenance programme in Slovenia was started in 1989 at the Vojnik psychiatric hospital, but was cancelled a year later as a result of various pressures. In 1991, outpatient clinics for methadone prescription were established in Ljubljana and Koper. In 1994, a cross-sector meeting brought about the adoption of harmonised guidelines for methadone programme implementation, which were adopted by the Health Council and confirmed by the Ministry of Health later that year. The legal basis for implementing the programme had not been defined precisely before the Act Regulating the Prevention of the Use of Illicit Drugs and the Treatment of Drug Users, which was adopted by the National Assembly in 1999. In 2001, the coordinating body for centres for the prevention and treatment of illicit drug use of the Ministry of Health of the Republic of Slovenia issued new methadone guidelines. In 2000, the guidelines were translated from the original document published by Annete Verster and Ernest Buning within the Euro-Methwork programme.

Budgetary resources are used to fund governmental and non-governmental organisations which implement drug-related programmes. Part of the resources is allocated to regular programmes implemented by public institutes and national services. The non-governmental sector may obtain funds through public tenders. In 2010, the Ministry of Labour, Family and Social Affairs allocated 2,713,129.37 euros for the implementation of programmes in the field of treating illicit drug users. Moreover, the Ministry of Health held a public tender and allocated 121,414 euros to illicit drug programmes for the years 2009 and 2010, while the Health Insurance Institute of Slovenia spent 40,176,677 euros on programmes for treatment of illicit drug dependence during the 2002–2009 period.

PART A:

New Developments and Trends

1. Drug policy: legislation, strategies and economic analysis *prepared by Milan Krek*

1.1 Introduction

In Slovenia, the area of illicit drugs is regulated by the following acts and decrees: Production of and Trade in Illicit Drugs Act; Act Regulating the Prevention of the Use of Illicit Drugs and the Treatment of Drug Users; Decree on the scheduling of illicit drugs; Penal Code of the Republic of Slovenia. The modernisation and updating of the Production of and Trade in Illicit Drugs Act and Decree on the scheduling of illicit drugs are in progress.

Priorities for the area of drugs in Slovenia as well as obligations of particular operators in the area of drugs are going to be set in the new national strategy.

The area of drugs is coordinated at the national level by the Commission of the Republic of Slovenia for Drugs, whereas the Ministry of Health is charged with coordinating the area of drugs at the governmental level. At regional level the main coordinators of the activities in local communities are the local action groups.

The programmes in the domain of drugs are financed in different ways. Most of them are financed by the national budget and the Health Insurance Institute of Slovenia

1.2 Legal framework

In the years 2009 and 2010, the Ministry of Health of the Republic of Slovenia decided, as the ministry responsible for the domain of drugs, that according to preliminary estimations of the legislation for this domain it was necessary to modernise and update legislation in this domain. The analysis of legislation and the preparation of the drafts of the new laws are currently being processed and this is being adjusted at interdepartmental level. In 2011, new suggestions for laws in this domain are going to be created; they will follow new directions, which are being made in the process of writing and will accept new strategies for the domain of drugs between 2011 and 2020.

1.3 National action plan, strategy, evaluation and coordination

In the year 2009, the analysis of the strategy in the domain of drugs was made for the time period between 2004 and 2009. The commission for drugs came to the conclusion that new strategy should be developed. A special interdepartmental group started preparing a draft of the new strategy. The draft was discussed in October 2010 at an extended interdepartmental meeting, where the executors and the users of the programmes were present; the programmes, which are in operation in the non-governmental sector, were also discussed.

The civil society has actively participated in the making of the new programme. On May 13 2010, the association of societies in the domain of drugs in Slovenia organised a national conference with the purpose of discussing the realisation of the past national programme in the domain of drugs and to suggest a new national strategy in the domain of drugs. As can be seen from the conclusions made at the conference of the non-governmental

organisations, they are expecting to be more actively involved in the preparation of the new document of the national programme, be regarded equally as a governmental sector and to participate in the development of the action plan for implementation of the national programme. The non-governmental organisations also suggest that the group, which will be responsible for the execution of the action plan, should also include representatives of the non-governmental sector. They realise that the state is being too thrifty in the domain of drugs and that the prejudices against drug users have still not been cast away; they have also realised that the level of professional knowledge in this domain is not satisfactory. The non-governmental organisations have also suggested multi-disciplinary seminars and equal rights regarding access to health and social rights. They also suggest greater integration of the health and social department. The non-departmental sector also suggests establishing a coordinative inter-departmental body, which would monitor the realisation of the action plan. They suggest that the members of this body should also be the representatives of the non-departmental sector (Zveza društev na področju drog 2009).

Coordination arrangements

There were changes in the field of coordination of the domain of drugs in 2009. The highest coordinative body is still the Commission for drugs of the Government of the Republic of Slovenia, which is an inter-departmental authority at government level; in 2009 and 2010 this agency held meetings on a regular basis and among other decisions also came to the conclusions required for the establishment of the new national programme for drugs. The Commission is led by Ivan Eržen, the State Secretary at the Ministry of Health of the Republic of Slovenia. The Ministry of Health ensures that the Commission for drugs operates effectively, since it prepares the materials for meetings and is in charge of the implementation of the conclusions made at these meetings.

At regional level the main coordinators of the activities in local communities are still the local action groups. In communities with no local action groups coordination has been taken over by the mayor's professional services. The non-governmental organisations are also very active in individual local communities. There are currently 50 local action groups in 210 municipalities.

1.4 Economic analysis

Public expenditure

In Slovenia, the programmes in the domain of drugs are financed in different ways. Most of them are still financed by the national budget and the Health Insurance Institute of Slovenia. Some funds are also gained from different foundations and from the membership fees of members of the non-governmental organisations. The amount of donations is still very scarce.

In 2009, the Ministry of Labour, Family and Social Affairs of the Republic of Slovenia distributed 2,713,129,37 € for the implementation of programmes in the domain of the treatment of drug users in 2010 through public competitions. 21 multi-year programmes and 40 one-year programmes in the domain of drugs have been included in the domain of social rehabilitation. The funds were mostly intended to cover the cost of the working team and for material costs connected to the programme's implementation. The places for the implementation of the programmes were mostly given out for free by the local communities.

The programmes were financed as one-year programmes; if they were verified, they could be verified as multi-year programmes of social care for a period of 5 years.

The multi-year programmes received the funds on a monthly basis, while the one-year programmes received them twice a year, receiving the first part when signing the contract and the second part in September for the period of the last five months of the calendar year. The smaller programmes up to 1,500 € in value received a lump sum payment. The programmes are being divided into three groups at the Ministry of Labour, Family and Social Affairs of the Republic of Slovenia; there are the high-threshold programmes, low-threshold programmes and preventive programmes of social assistance. The amount of funds, given by the Ministry of Labour, Family and Social Affairs is increasing every year, which can also be seen in Table 1.1.

Table 1.1: *Financing of the programmes by Ministry of Labour, Family and Social Affairs of the Republic of Slovenia*

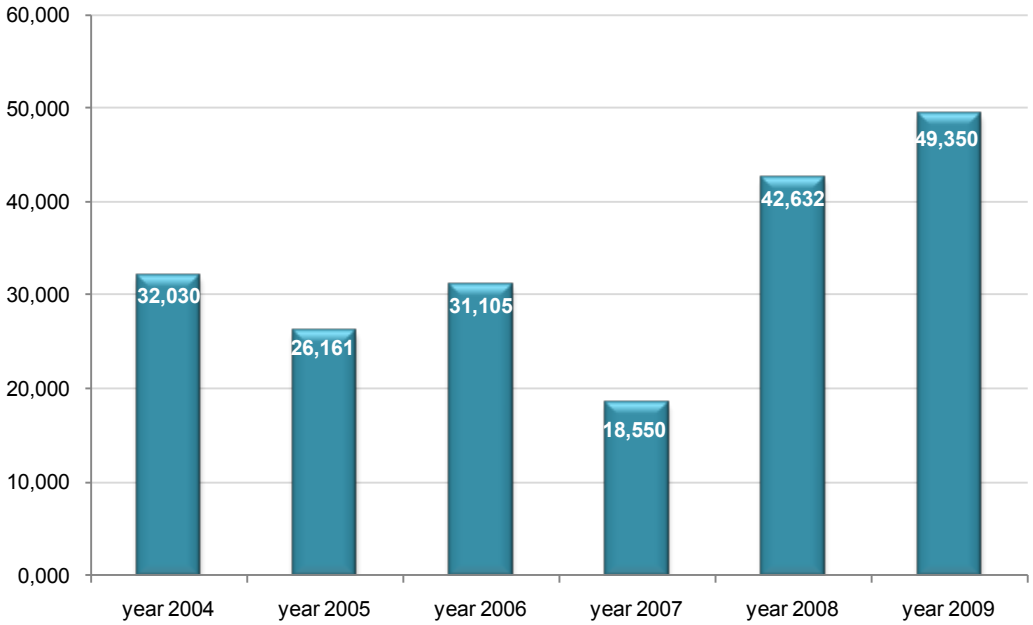
Financing year	The amount of funds in €
2004	1,377,070
2005	1,469,800
2006	1,502,600
2007	2,003,000
2008	2,290,720
2009	2,558,798
2010	2,725,322

Source: Ministry of Labour, Family and Social Affairs of the Republic of Slovenia

The Ministry of Health of the Republic of Slovenia devoted 121,414 € for the years 2009 and 2010 for the financing of the programmes in the domain of illicit drugs. In 2009 the Ministry of Health devoted 145,100 € from the budgetary resources for the purchase of sterile material for safer injecting of drugs and 99,167 € for other tasks in the domain of drugs.

In 2009, the Office of Youth devoted 49,350 € to different programmes. The Office of Youth has also been increasing the funds for the domain of drugs since the year 2007 onwards (Figure 1.1).

Figure 1.1: *The allocated funds for programmes in the domain of drugs by the Office of Youth of the Republic of Slovenia by individual year*



Source: Office of Youth

The European Union has devoted 419,388.98 €, taken out of the structural funds, for the period from 2007 to 2013 from the operative programme of the development of human resources; the money was given through public competitions, led by the Ministry of Public Administration of the Republic of Slovenia in the projects dealing with the problem of drugs and drug users. We assume that more other programmes have also received financial support from separate projects, but there are no records available which would systematically monitor the financing of the non-governmental sector. Within the competition for the financing of activities, carried out during the European year of fighting poverty and social exclusion for the year 2010, the Ministry of Labour, Family and Social Affairs devoted 15,000 €.

The European Union has part-financed the obligations of the Republic of Slovenia in the domain of illicit drugs in 2009, totalling 99,167 €.

Table 1.2: *A table of funds from the budget of the Republic of Slovenia in 2009*

Ministry or government services	Amount of funds in €
Ministry of Labour, Family and Social Affairs of the Republic of Slovenia	2,573,798
Ministry of Health of the Republic of Slovenia	304,974
Ministry of Public Administration of the Republic of Slovenia (EU structural funds)	419,388
Office of Youth	49,350
EU	99,167
Total	**3,446,677**

Source: Ministry of Labour, Family and Social Affairs of RS, Ministy of Health of RS, Ministry of Public Administration, Office of Youth

The state of Slovenia devoted, according to the available data, 3,446,677 € in the year 2009 for the domain of drugs.

Financing through local communities

Local communities also devoted money in the years 2009 and 2010 for the domain of drugs. Since there are no unified records of the collection of data and also no database in this domain, it is not possible to determine the total of the actual funds, devoted by the local communities for this domain.

This is why we only had the chance to make an estimation of total funds spent on the domain of drugs at local level. The local action groups, which are active at local level, are given a certain amount of funds from the community budgets of individual local communities, which are then distributed among the programmes dealing with the problem of drugs at local level. An example of this is the municipality of Kranj, which has 51,781 inhabitants; the municipality spent 14,230 € or 0.27 € per inhabitant in the domain of the prevention of drug use in 2009. If this information were extrapolated to the Slovene population, the local communities would finance the programmes in the domain of drugs to a total of approx. 540,000 €. However, it is necessary to bear in mind that this sum is only a rough estimation of the use of funds for the drugs programmes at local level. It is also difficult to estimate the amount of funds allocated to the programmes by the local communities in such a way that they do not charge rent for the places where the programmes are carried out and also the amount of funds spent for investment in these places.

The Health Insurance Institute of Slovenia

In 2009, the Health Insurance Institute of Slovenia devoted 5,773,662 € for the financing of the operation of centres for the prevention and treatment of addictions. 2,605,338 € was provided for the operation of the centres (cadres, place etc.). 3,168,324 € was provided for substitute medication (methadone and other medication). In the year 2009, 4,322 persons were included in the network of centres for the prevention and treatment of addictions. The Institute spent 1,335 € on average on the treatment of one person. Substitute therapy was received by 3,324 patients. Individual patients spent 953 € on average solely on medication.

The Health Insurance Institute of Slovenia provided 146,000 € for the purchase of sterile material for the safe injection of drugs, which the Institute of Public Health Koper distributed among low-threshold programmes (harm reduction programmes).

In 2009, the Fiho Foundation devoted 240,156 € to the programmes in the domain of drugs, which were organised as non-governmental organisations.

Table 1.3: *Collected data of all the finances spent for the domain of drugs in 2010*

Source of funds	Amount of funds
Budget of the Republic of Slovenia	3,446,677
Local communities	540,000
Health Insurance Institute of Slovenia	5,773,662
Fiho Foundation	240,156
Total	**10,000,495**

Source: Health Insurance Institute of Slovenia, Fiho Foundation

This report only includes those amounts of money, which were meant for the domain of drugs in 2010 and which were accessible to us. Due to unsystematic monitoring of such data we are aware that the amount of funds spent in this domain is most likely to be bigger as identified in this report. In 2009, 10,000,495 € was spent in total in the domain of drugs.

2. Drug use in the general population and specific targeted groups

2.1 Introduction

The first general population survey on the prevalence of illicit drug use in Slovenia was conducted in 2008. Prior to the survey, the only data available was the data obtained through the Slovenian Public Opinion Poll, with the 1994 and 1999 surveys including a question on lifetime illicit drug use.

2.2 Drug use in the general population

Prevalence of the use of illicit psychoactive substances in the general population aged 18 to 65 in Slovenia *prepared by Eva Stergar*

Introduction

In developed countries, monitoring of the prevalence of the use of legal and illicit psychoactive substances (legal encompass tobacco and alcohol, whereas illicit substances encompass all those defined as such by law: cannabis, heroin, cocaine, crack, ecstasy, LSD and other hallucinogens, amphetamines, GHB, anabolic steroids, magic mushrooms, tranquilizers and sedatives not prescribed by a doctor, inhalants) in the general population and among the youth is well established – in the USA from the 1970s onwards (EMCDDA 2002). In the field of research of the use of psychoactive substances among school-age youth in Europe, the ESPAD – European School Survey Project on Alcohol and Other Drugs, in which Slovenia participates from the very beginning, has been carried out, in 4-year intervals since 1995 (Hibell et al. 2009).

Until 2008, when we carried out this survey, no survey on the prevalence of the use of psychoactive substances has been carried out among the adult population or samples of the adult population in Slovenia, which would shed detailed light on the prevalence of this phenomenon and ways in which it is related to various determinants. There has also been no survey examining the prevalence of the use of illicit psychoactive substances among employed persons. The only data on the use of illicit psychoactive substances, acquired from representative samples of adult residents of Slovenia, is the data from the Slovene Public Opinion surveys. The question on lifetime use of illicit psychoactive substances was posed to the interviewees in 1994 and 1999 (Toš et al. 1994; Toš et al. 1999).

In 1994, 4.3 % of respondents (5.3 % of males and 3.4 % of females) answered that they have used one or more of the following psychoactive substances: marihuana/hashish, cocaine, heroin, LSD, mescaline or other drugs in their lives (Toš et al. 1994).

In 1999, within the framework of the SJM99/2, a question was posed on whether the interviewees have ever tried any of the following psychoactive substances: marihuana/hashish, heroin, cocaine, amphetamine, LSD or other hallucinogens, ecstasy, tranquilizers NOT prescribed by a doctor, a combination of alcohol and pills, injected drugs with an injection needle. 10.6 % of the respondents have used one or more of the listed drugs in their lives. 8.8 % indicated that they have used marihuana, 2.3 % of the respondents have used tranquilizers not prescribed by a doctor, 1.4 % used ecstasy, 1.3 % used alcohol and pills. Other psychoactive substances were used by less than 1 % of the interviewed persons. The majority of those who responded that they have used heroin, ecstasy, cocaine

and LSD, have also tried marihuana. Among marihuana users, statistically significant differences according to sex and age were established: marihuana was more frequently used by younger respondents (18-29 years, 30-39 years) and males (Toš et al. 1999).

Aim

The aim of this article is to present the data on the use of illicit psychoactive substances in the general population aged 18 to 65 years in Slovenia. The data was collected within the framework of the public opinion survey on the use of illicit drugs in the general population of adult inhabitants in Slovenia in November 2008. The survey represents the result of the cooperation between the Clinical institute of occupational, traffic and sports medicine (Klinični inštitut za medicino dela, prometa in športa, KIMDPŠ) at the University Medical Centre Ljubljana (Unverzitetni klinični center Ljubljana, UKC LJ) as the head of the project and the Public Opinion and Mass Communication Research Centre (Center za raziskovanje javnega mnenja, CJMMK) at the Faculty of Social Sciences (Fakulteta za družbene vede, FDV) of the University of Ljubljana as the institution carrying out the survey.

Methodology used

Questionnaire

For the requirements of the survey, we developed a questionnaire on the prevalence of use of illicit psychoactive substances. When doing so, we took into account the recommendations of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA 2002) for the key indicator “prevalence of drug use in the general population” and experience in surveying the prevalence of drug use among school-age youth (ESPAD) (Hibell et al. 1997; Hibell et al. 2000; Hibell et al. 2004; Hibell et al. 2009). In addition to the demographic questions (sex, year and month of birth, education, marital status, number of children, local environment, employment and the employer’s activity), we included questions on the knowledge of various drugs and on prevalence of the lifetime use of cannabis, ecstasy, inhalants and the frequency of the use of tranquilizers (not prescribed by a doctor), LSD, amphetamines, cocaine, crack, heroin, methadone, GHB, magic mushrooms and anabolic steroids, and also on the frequency of injecting drugs and the use of a combination of alcohol and pills in order to get “high”; on which illicit psychoactive substance the interviewee tried first and how he or she got it, as well as on various opinions related to the use of illicit psychoactive substances (risk related to the use of illicit psychoactive substances, attitude towards illicit psychoactive substance addicts, responsibility for solving the issues related to the use of illicit psychoactive substances). The research instrument was designed and adapted for telephone surveying.

Sample

Out of a pool of 4,987 telephone numbers, 1,575 interviews were carried out (32 % sample realization). For the purpose of this article, we processed the answers given by 1,251 persons aged from 18 to 65 years. Half of them were male and half were female. 56 % answered that they live in an urban or suburban environment. One third of them completed high school education, 29 % vocational, a fifth completed primary and 16 % completed high or higher education or over. Half of the interviewees were married, one tenth reported living in common-law marriages. 57 % were employed (among them, 2.5 % worked part-time and 3.3 % were self-employed), 14.5 % were high-school or university students, 20 % were retired (among them, 1.4 % were retired due to invalidity), 7 % were unemployed and 2 % were housekeepers.

Data collection

Data collection was carried out from November 3 to November 19, 2008.

Data processing

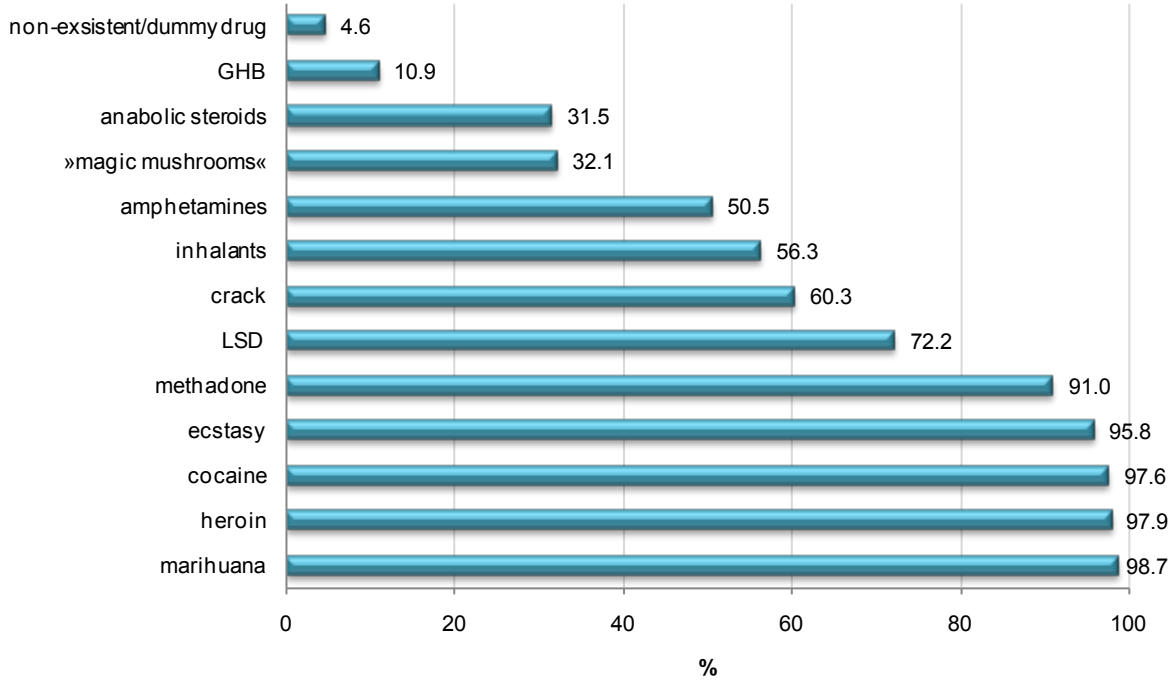
The collected data was processed with the SPSS for Windows programme, version 11.9. We used the χ^2 test to test the differences and the C contingency coefficient to establish the strength of association.

Results

Knowledge of illicit psychoactive substances

Among the best-known illicit psychoactive substances are: marihuana, heroin, cocaine, ecstasy and methadone – over 90 % of interviewees had heard of them. GHB, anabolic steroids and magic mushrooms were among the least well known; fewer than a third of the interviewees had heard of these substances. As an indirect measure of sincerity, the question included a non-exsisten/dummy drug, for which 4.6 % interviewees stated that they had heard of it, but none of the interviewees had tried it. There are no differences between males and females in the knowledge of illicit psychoactive substances, with the exception of LSD, which is known of by a higher number of males (χ^2 = 16.094, df = 1, < 0.0001, C = 0.11); the same holds for crack (χ^2 = 15.374, df = 1, < 0.0001, C = 0.11).

Figure 2.1: *The proportions of interviewees who have heard of the listed drugs*



Use of illicit psychoactive substances among family and friends

A third of the interviewees responded that they personally know someone who uses one of the illicit psychoactive substances (marihuana, LSD, amphetamines, cocaine, crack, heroin, ecstasy, methadone, GHB, magic mushrooms, anabolic steroids, inhalants). This response was more frequently given by males (χ^2 = 16.086, df = 1, p < 0.0001, C = 0.11), younger interviewees between 18 and 34 years of age (χ^2 = 154.97, df = 2, p < 0.0001, C = 0.33) and those who answered that they had the desire to try any of the drugs in their life (χ^2 = 151.038, df = 1, p < 0.0001, C = 0.33), as well as those who have already used them (χ^2 = 186.635, df = 1, p < 0.0001, C = 0.36).

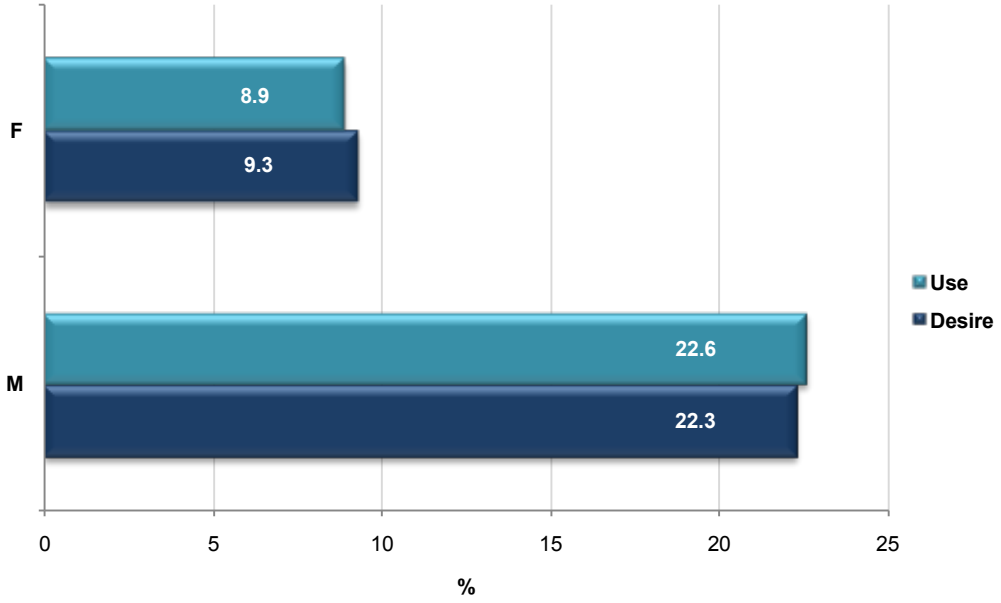
5.5 % of the interviewees responded that a member of their family uses one of the illicit psychoactive substances. The association between the desire to try and the fact that a member of the family used psychoactive substances is statistically significant. Those interviewees who responded that a member of the family is using/used drugs, more frequently answered that they had the desire to try illicit psychoactive substances (χ^2 = 97.726, df = 1, p < 0.0001, C = 0.27) or have actually used them (χ^2 = 102.446, df =1, p < 0.0001, C = 0.28).

From the desire to try…to actually doing it

15.8 % of the interviewees responded that they had the desire to try one of the illicit psychoactive substances – in terms of statistic significance, males gave this answer more frequently than females (χ^2 = 39.115, df = 1, p < 0.0001, C = 0.17); younger age groups (18 – 35 years) more frequently than older (χ^2 = 108.765, df = 2, p < 0.0001, C = 0.28). The desire to try was not associated with the interviewees' education; however, it was associated with employment, marital status and local environment type. The desire to try illicit psychoactive substances was more frequently present among the employed and high school/university students (χ^2 = 60.856, df = 3, p < 0.0001, C = 0.22), single persons (χ^2 = 94.601, df = 4, p < 0.0001, C = 0.27) and those living in urban or suburban environments (χ^2 = 14.402, df = 2, p < 0.001, C = 0.11).

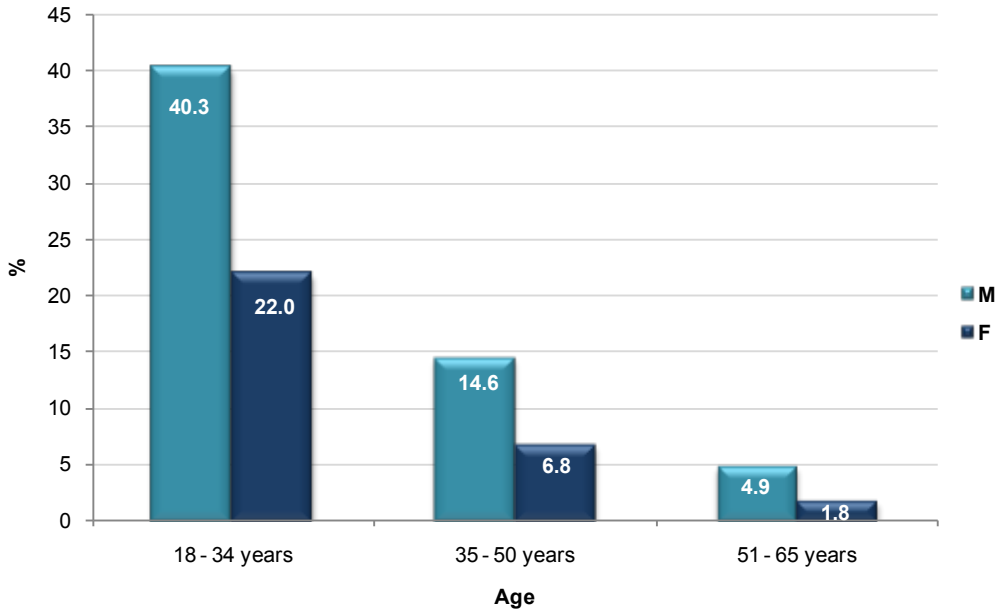
82 % of those who have ever wanted to try one of the illicit psychoactive substances have actually done so. Psychoactive substances were also tried by 3 % of those who otherwise stated that they had no desire to do so. 15.8 % of the interviewees responded that they have used illicit psychoactive substances in their lives; in terms of statistical significance, males gave this answer more frequently than females (χ^2 = 44.321, df = 1, p < 0.0001, C = 0.34) and younger persons (18-35 years) more frequently than other age groups (χ^2 = 153.281, df = 2, p < 0.0001, C = 0.33), which also holds true for both sexes (males: χ^2 = 83.283, df = 2, p < 0.0001, C = 0.33; females: χ^2 = 49.190, df = 2, p < 0.0001, C = 0.27). Illicit drugs were more frequently used by employed persons and high school/university students (χ^2 = 86.395, df = 3, p < 0.0001, C = 0.26), single persons (χ^2 = 131.978, df = 4, p < 0.0001, C = 0.31) and those living in urban or suburban environments (χ^2 = 32.106, df = 2, p < 0.0001, C = 0.16).

Figure 2.2: *The proportion of interviewees who had the desire to try and have actually tried any of the illicit drugs, according to sex*



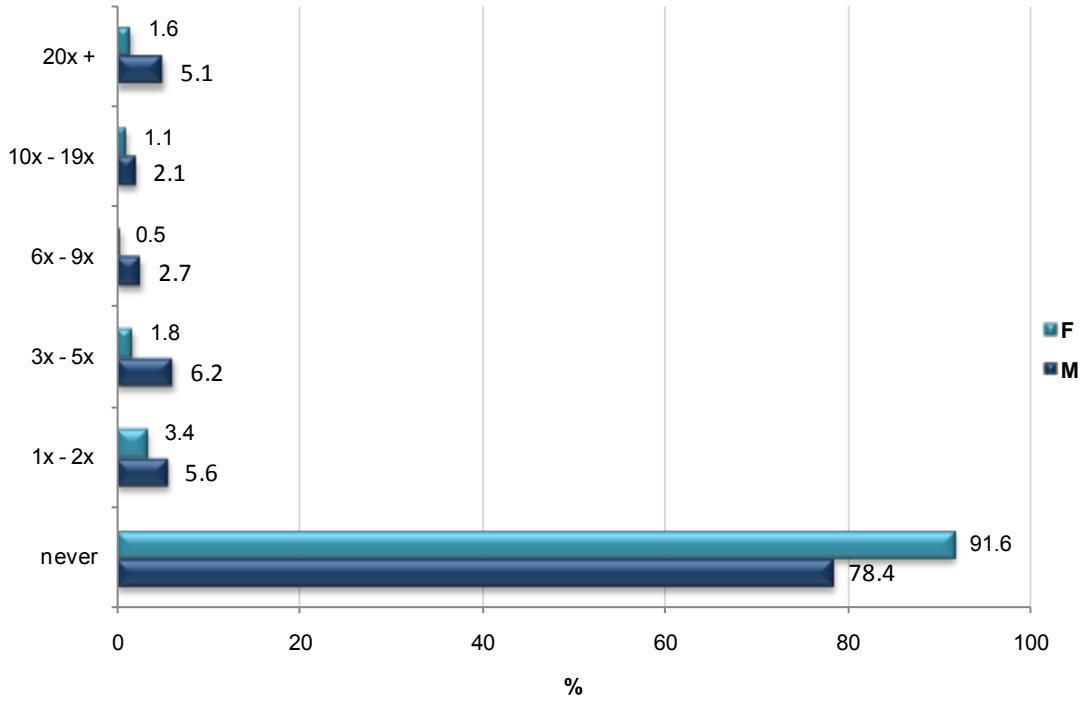
Almost every second male between the ages of 18 and 34 and every fifth female have had an experience with illicit drugs. In the age group from 35 to 50 years, just over one sixth (15 % of males and 7 % of females) of interviewees have had that experience. Among interviewees over 50 years of age, this percentage amounted to 5 % in males and 2 % in females. The association between the use and age is statistically significant in males (χ^2 = 83.283, df = 2, p < 0.0001, C = 0.34), as well as females (χ^2 = 49.190, df = 2, p < 0.0001, C = 0.27).

Figure 2.3: *The percentages of interviewed persons who have at some point in their lives tried one of the illicit drugs, according to age and sex*



The majority of the use of any illicit drugs is attributable to the use of marihuana, which was used in their life by 15 % of the interviewees. The largest number (8.5 %) of the interviewees answered that they have used it from one to five times, 3 % reported use exceeding 40 times (= regular use). Females more frequently responded that they have never used marihuana, whereas males more frequently indicated all categories of use – from experimentation to regular use ($\chi^2 = 47.383$, df = 5, $p < 0.0001$, C = 0.19).

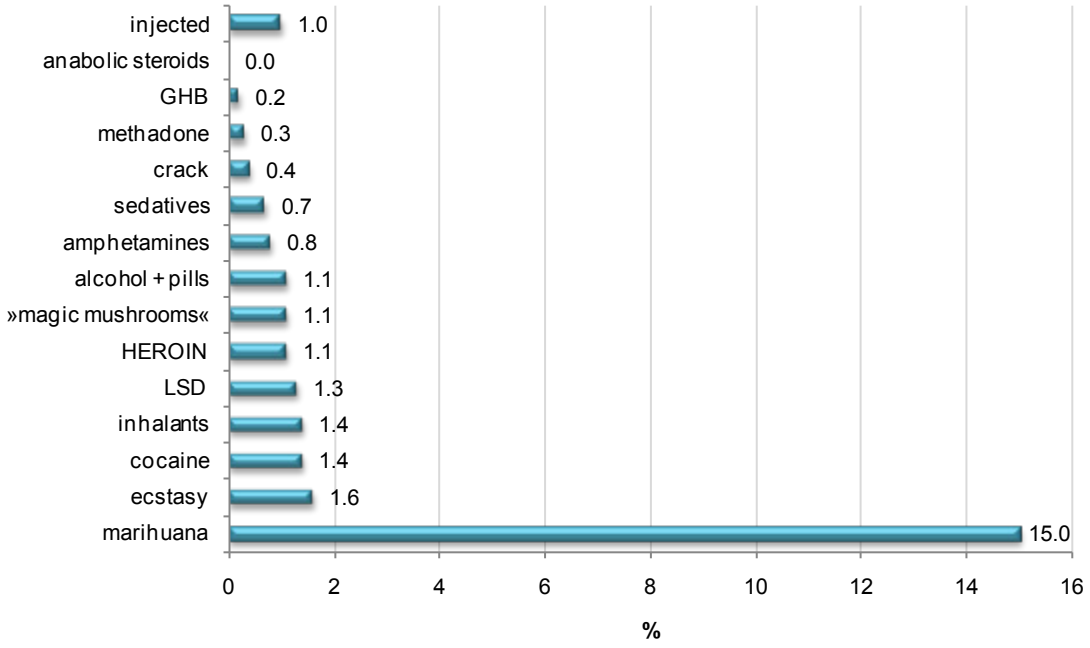
Figure 2.4: *Use of marihuana in the entire life, according to sex*



3.5 % of the interviewees responded that they have used marihuana in the year prior to the survey and 2.2 % of the interviewed persons used it in the month prior to the survey.

Fewer than 2 % of the interviewed persons had a lifetime experience with other illicit psychoactive substances – the highest percentage with ecstasy (1.6 %), inhalants (1.4 %) cocaine (1.4 %) and LSD (1.3 %).

Figure 2.5: *Use of illicit drugs in the entire life*



First drug and its source

Almost all respondents (96 %) who reported lifetime use of any illicit psychoactive drug listed marihuana as the first drug. They mostly got it from friends, only a few bought it.

Discussion

For the first time, we have at our disposal the data on the use of illicit psychoactive substances in the general population. The data was collected within the scope of a telephone survey, which brings certain pitfalls (coverage with telephone connections, use of stationary phones in comparison to mobile phones), however, the data represents a good enough basis to evaluate the prevalence of the use of illicit psychoactive substances among the Slovenian general population aged between 18 and 65 years.

We established that the lifetime use of illicit psychoactive substances amounted to 15.8 %, which shows that the percentage has more than tripled in the period from 1994, when the first data was available (4.3 %), until 2010. Experience with illicit psychoactive substances is more frequent in males than females, as well as younger persons (aged 18 to 35) of both sexes, which is not surprising, as the use of all illicit psychoactive substances in the group of school-age adolescents aged 15 and 16 was increasing significantly in the period from 1995 to 2003 (Hibell et al. 2004). The initial value for the lifetime use of any illicit psychoactive substance in 15 and 16 year-olds amounted to 13 % in 1995 (Hibell et al. 1997).

The majority of the lifetime use of illicit psychoactive substances is – similar to the group of 15 and 16 year-olds – connected primarily to the use of marihuana, which is the most well-known and most widespread psychoactive substance in Slovenia. Marihuana was used by 15 % of the interviewees in their lives. The highest number (8.5 %) tried it from one to five times, 3.0 % used it for 40 times or more. Compared to the adolescents, the frequency of lifetime use of marihuana in the general population is statistically associated significantly with sex; females more frequently answered that they have not used marihuana.

The comparison with the data for other EU countries (average, the lowest and highest value) can only be illustrative, as the reports on the prevalence of the use of illicit psychoactive substances that are based on the surveys among the general population mostly refer to the inhabitants of a country aged between 15 and 64, whereas our research was carried out among the inhabitants aged 18 and over; for the purpose of this analysis, we processed the data for the age group from 18 to 65 years. The countries using different upper or lower age limits are: Bulgaria (18 to 60 years), Czech Republic (18 +), Denmark (16 +), Germany (18 +), Hungary (18 to 59 years), Malta (18 +), Sweden (16 +) and the United Kingdom (16 to 59 years). The data on the prevalence of use of illicit psychoactive substances for the United Kingdom refers to England and Wales. The prevalence of lifetime use and use in the previous year or month of marihuana, cocaine, ecstasy and amphetamines in Slovenia is below the average of the EU countries.

Conclusion

The research highlights the prevalence of the use of illicit psychoactive substances among adult inhabitants of Slovenia at the end of 2008 and indicates the direction that should be taken by further in-depth research. The established data can without doubt serve for planning preventive programmes and health promotion programmes, which should necessarily – given the persistent rise in the number of persons with experience with illicit psychoactive substances – be carried out in various target groups and environments.

3. Prevention *prepared by Marijana Kašnik Janet, Branka Božank, Jerneja Lorber, Nina Pogorevc*

3.1 Introduction

Drug prevention has been defined and classified in accordance with the EMCDDA classification, namely into universal, selective and indicated prevention. Nevertheless, it should be noted that the old classification into primary, secondary and tertiary prevention is still often used in practice.

This report provides the general picture of the implementation of preventive activities and programmes in Slovenia, and presents individual examples. It is characteristic of prevention in Slovenia that preventive activities are carried out by numerous organizations and associations, which offer a wide variety of different preventive activities, and that there are only a few programmes implemented sistematically accross the whole country. This year we have placed special emphasis on a presentation of the Health education programme, which is systematically implemented by health workers. The programme is intended for children and adolescents, and is implemented as part of universal prevention. There are also several programmes implemented at the level of selective prevention.

A quality monitoring and assurance system for assessing preventive activities is still being established. In 2010, the materials and proposals for the establishment of quality standards will be presented to a wider professional public, and we hope that the implementation and application of these standards will occur in 2011.

3.2 Universal prevention

Universal prevention activities are widely focused and target the general population or large groups of people who are (or at least seem to be) healthy. By communicating messages and implementing programmes, we wish to prevent or postpone the (mis-)use of alcohol, tobacco and other drugs. One of the advantages of universal prevention is that it addresses large numbers of people. Universal prevention activities usually target children and adolescents. Therefore they have to be carefully planned, as unsuitable approaches can encourage the behaviour that we want to prevent in the first place.

Nursery, primary and secondary schools

Universal prevention in schools is still the most common approach used in Slovenia. The institution responsible for the implementation of prevention programmes in nursery, primary and secondary schools is the Ministry of Education and Sport of Slovenia in cooperation with the National Education Institute of Slovenia. Prevention programmes are included in regular pre-school and school curriculums, but more often the activities are carried out as part of different projects and programmes which are implemented with the help of external organizations.

Prevention in the pre-school period

All nursery schools in Slovenia are systematically integrating the general elements of development and strengthening of social, emotional and behavioural competences. Since 2005, a specific programme for drug prevention in the pre-school period has been running in

the region of Koroška. The programme focusses on three educational areas: emotional, behavioural and cognitive. A professional monograph titled 'Da sije sonce' (Let the sun shine) was published in 2009. The monograph is an important didactic tool for teachers and other people who work with pre-school children. It includes the theoretical basis, detailed descriptions of programme implementation and evaluation, as well as presentations of many practical options for using 49 didactical games presented in the book. All suggested games are equipped with their goals, tips for teachers, lists of necessary equipment, and instructions for conducting the games. The highlights of using the didactical games are written at the end of most game instructions.

The programme was presented to a wider professional public at a national conference. It was accepted as part of the national catalogue of education for professional education workers. This is the basis for spreading the programme across the whole country.

Prevention in primary and secondary schools

Different prevention programmes are implemented in primary and secondary schools. The type and number of implemented programmes depend on the needs and abilities of individual schools. Prevention programmes are mostly focused on the development and strengthening of life skills, or strengthening of protection factors and reduction of risk factors. They include illicit drugs as well as alcohol, tobacco, etc. They also put some emphasis on non-chemical addictions. Programmes focused only on raising awareness and providing information are scarce.

In the school year 2009/2010, relationships were the central theme of discussions in the Slovenian Network of Health Promoting Schools The network consists of 268 primary and secondary schools and student homes (43 % of all Slovenian primary and secondary schools and student homes). The schools in the network set themselves tasks to discuss different relationships intensively and systematically – from one's relationship with oneself, to relationships with other people. They paid more attention to establishing good relationships in schools, encouraging positive self-image, expressing emotions, learning good communication and social skills, achieving peaceful conflict resolution, etc. Training for teachers and other workers was also conducted in addition to educational activities for students (IPH 2009).

The Regulations for the implementation of preventive health care at the primary level (Official Gazette of RS, No. 19/98 and amendments) define all preventive activities, including health education activities during childhood and adolescence. Health education activities may be carried out in the form of individual counseling, and the programmed health education in the form of lectures, workshops or small group work. In addition to addressing children and adolescents, the programmed health education is also intended for parents, teachers, pedagogues and counsellors. It is conducted during preventive systematic examinations and in health education institutions.

With the aim of establishing high-quality and equally accessible health education programmes in Slovenia, a survey was conducted between 18th October 2009 and 15th December 2009 on the situation of health education activities for children and adolescents at the primary health care level (Kašnik Janet et al. 2009). The survey was conducted by all regional institutes of public health in cooperation with the Institute of Public Health of

Slovenia. The survey was conducted using a structured questionnaire in the form of personal field interviews with workers implementing programmed health education from all over Slovenia. 154 workers who provide different health education activities in the field of strengthening and protection of the health of children and adolescents were interviewed.

Among the 154 surveyed providers of health education in the field of strengthening and protection of the health of children and adolescents, 38% carry out health education activities in the field of psychoactive substances. According to acquired information, 111 different health education activities dealing with psychoactive substances were carried out by health education workers at the primary health care level in selected target populations of children and adolescents in the school year 2008/2009. The activities were conducted in all Slovenian health regions, or in 72% of all administrative units in Slovenia. 90% of health education activities were carried out as part of scheduled activities, and 10% as a response to current needs.

The most common forms of work were lectures and workshops, and the most often used methods of work were oral explanation, discussion, working with text, followed by demonstration and experiential learning. Most of the health education activities (79%) were carried out as combinations of interactive and non-interactive work. 12% of the activities were carried out in interactive form only, and 8.6 % in non-interactive form only. The duration of individual activities in a target group ranged from 45 to 225 minutes, most often from 45 to 90 minutes. All activities were carried out in the form of single sessions. The content and target group are usually chosen by health education providers and schools. In only one region, the health education providers carry out health education activities intentionally and in a specific target group (in 5th and 9th grades of all primary schools) in agreement with the regional institute of public health.

Most health education activities dealing with psychoactive substances are carried out by health workers at the higher level in the 5th, 7th, 8th and 9th grades of primary schools. Activities in lower age groups are less common and are focused primarily on tobacco. The content of health education activities at higher level grades are most often focused on:

- cognitive skills: knowledge of the causes of addiction (risk and protection factors) and the consequences of addiction; knowledge of psychoactive substances, their types, effects and possible consequences of their use;
- development and strengthening of the following skills: problem solving and management, decision making, critical attitude, taking responsibility, building self-esteem, refusal skills, interpersonal relations, normative beliefs.

With the aim of improving the quality of health education content, professionals from regional institutes of public health and the Institute of Public Health of Slovenia are preparing the basis for modernization of the health education programme in Slovenia in cooperation with health education workers and external colleagues. The goal of modernization and upgrade of programmes is to improve the quality, equal accessibility and efficiency of educational and community-based programmes for the prevention of diseases, improvement of health and quality of life.

At the moment, preparations for the implementation of the European »Unplugged« programme are being made in Slovenia. »Unplugged« is a prevention curriculum in the field

of addiction prevention based on the general model of social influence. The programme is being developed in seven European states (Belgium, Spain, Austria, Italy, Germany, Greece and Sweden). The target group includes adolescents aged between 12 and 14 years. The programme consists of 12 lessons and lasts for three months. The content of the programme includes information about alcohol, tobacco, marijuana and other drugs, and combines life skills and normative beliefs. The programme is implemented by previously trained teachers, who are provided with all the necessary tools (handbook, workbook for students and teaching cards). Parents are also included in the programme – they can participate in group meetings.

The pilot implementation of the programme will begin in the school year 2010/2011. According to current information, 25 schools, which means 150 teachers and around 1,200 students, will be included in the programme. The coordinator of the programme is the Utrip Institute (Košir 2010).

Among the most important prevention programmes is the project of the Anton Trstenjak Institute, called »Lepo je živet« (»It's great to be alive«). The operators of the programme describe it as a 5-level model for the prevention of addiction and narcotic disturbances of natural needs in primary schools. By using the knowledge and experience obtained during years of conducting prevention workshops for children, they wish to develop a model that would be suitable for implementation within the curriculum. The model will consist of simple and effective prevention activities in the field of education for a healthy and sober life without alcohol intoxication, illicit drugs (mis-)use and gambling. Eating disorders will also be included.

For the last three years, prevention workshops have been conducted in three primary schools in central Slovenia. Two schools outside central Slovenia joined them in 2009. The expert group that designs and monitors the model using the method of action research consists of: principals, counsellors, 5th grade teachers from primary schools where intensive testing of the model is being conducted; addictology experts and addictology researchers from the institute and other organizations. Volunteers and parents of 5th grade children from the selected primary schools also cooperate occasionally (Anton Trstenjak Institute 2010).

Other

The use of psychoactive drugs among drivers endangers road safety and increases the possibility of accidents. Driving under the influence of alcohol is not the only problem; the number of people driving under the influence of illicit drugs is also growing. To solve these problems, we have implemented different prevention programmes dealing with road safety and psychoactive substances in Slovenia.

The Council for Prevention has been dealing with the issues of road safety and psychoactive substances for many years. In 2009, they implemented 228 prevention workshops in 55 secondary schools, which included more than 3,500 students. They also hold a number of prevention events (50 events) in local environments in order to raise awareness, provide practical demonstrations and test different devices. In 2009, they organized a national prevention campaign called »Alcohol kills – mostly the innocent« (Markl 2010). Learn more about this campaign in the chapter »National and local media activities«.

Driving schools also play an important role in the education of drivers, as they try to teach future road users how to drive safely and responsibly. According to the Resolution on the national programme of road safety for the period 2007–2011 (together for greater safety), young people aged between 15 and 24 years are one of the most vulnerable age groups on the roads. This is due to their inexperience and lifestyle, their search for risks, challenges and their own paths, as well as their anti-authoritative behaviour, which is reflected in the failure to observe traffic rules and regulations. This is why the Resolution also defines the activities of driving schools aimed at achieving greater safety. Driving school regulations require that the theoretical part of training must include at least 40 teaching hours of organized educational work conducted in accordance with the prescribed training programme.

One of the important objectives of the training of future drivers is for the driver to obtain the knowledge and skills that affect his or her behaviour while driving. In the theoretical part of the training, future drivers listen to a learning topic which shows them the changes in road behaviour due to the influence of psychoactive substances such as: alcohol, illicit drugs and different medicines. They also learn about the consequences of driving under the influence of psychoactive substances.

In addition to compulsory basic education, additional prevention workshops are provided to young people in driving schools. They deal with road safety in connection with the use of psychoactive substances. One of the programmes worth mentioning is the project of the Municipality of Ljubljana, which started in 2009 and will end in 2011. Its operator is the Faculty of Social Work of the University of Ljubljana. The Automobile association of Slovenia (AMZS), Vezi driving school, UP Association and DrogArt Association also cooperate in the project. The title of the project is »Vozi trezno!« (»Drive sober!«) - Peer counselling for the prevention of drug and alcohol use on the road.

The primary purpose of the programme is to prevent and reduce damage due to the use and abuse of alcohol and/or illicit drugs among young people. They approach young people in their everyday environment by using peer counselling, and create an open space for discussion, where the social context and young people's lifestyles are taken into account. They use the following basic methods and principles: building risk assessment skills, partnership and empowerment. Discussions with peers enable young people to learn about each other's experience and exchange opinions. While conversing with others, they can analyse everyday risky situations, think about how they could react in the future and what they need to be able to act more carefully. Peer counsellors help young people develop personal plans to reduce and prevent risks. This way they encourage them to adopt more responsible lifestyles and leisure activities. Special emphasis is placed on the engagement of young people in achieving change in the community and working more intensively in the local community. By using different methods of community work (organization of events, exhibitions, discussions, etc.) they create situations which enable young people to enter into dialogue with other interested people (parents, teachers, peers, older drivers, etc.). This way they will not only warn others of the problem, but also encourage the wider community to work together to find practical, concrete solutions. Peer counselling is provided by first, second and third-year faculty students who attend the Methods of social work course (Faculty of Social Work 2010).

Parents

Prevention programmes for parents are implemented inside as well as outside schools. They are implemented by different operators – from governmental to non-governmental organizations. They offer a wide range of programmes, but the operators are often faced with low levels of participation of the target population.

Programmes are implemented in different forms – from one-hour lectures to sets of workshops consisting of several sessions. Shorter lectures are primarily intended to raise awareness and promote responsible parenthood. Longer programmes also include strengthening of skills for establishing and maintaining good mutual relationships in everyday life and in different stressful situations. Organized meetings for parents are designed as combinations of lectures, questions and answers, which provide insights into a wide variety of behavioural patterns, beliefs, interaction, habits, and enable learning through descriptions of typical situations and role playing.

Local communities

In addition to organized activities within educational institutions, prevention programmes in local communities are also of great importance. The work in local communities is organized in different ways. When we speak about governmental institutions, the most common actors in local communities are health care organizations (health centres, institutes of public health), police, social work centres and crisis centres for young people. The most active non-governmental organizations include various associations and non-profit organizations, the Red Cross, religious organizations, youth centres, volunteers, etc.

Local action groups (hereinafter: LAG) are the most developed and most organized model of work in local communities in Slovenia. They work as an advisory body of experts and have an important role in planning, development and carrying out various preventive activities in the field of drug prevention in municipalities. The Resolution on the national programme on drugs 2004-2009 requires that the strategic level of the LAG's work at the national level is to be coordinated by the responsible body of the Ministry of Health of Slovenia. More in-depth work in cooperation with the LAG is planned for 2010. The prevention month of 2010 will be dedicated to the importance of preventive work in local communities and promotion of the LAG model.

Due to their needs, the non-governmental organizations often unite into unions. An example is the Union of Associations and Non Governmental Organisations in the Field of Drugs of Slovenia, and the Eksodus-Z Institute. The union was established with the aim of strengthening the development and cooperation of non-governmental organizations which are an essential part of the implementation of various programmes in the field of drug issues in Slovenia (Union of Associations and Non Governmental Organisations in the Field of Drugs of Slovenia, 2010). A contact point was established within the Institute of Addiction, Eksodus-Z, for the support of non-governmental organizations and their contacts working in the field of drugs with the aim of connecting non-governmental organizations, developing and educating professional staff, as well as connecting with European and global institutions (Eksodus-Z 2010).

3.3 Selective prevention

Selective prevention activities are focused on a specific population, i.e. on vulnerable groups or communities. They are designed for specific groups, families or whole communities whose members may start to misuse drugs due to various risk factors. These groups involve socially deprived people, marginalized ethnic groups, homeless people, school dropouts, and families with drug abuse problems, mental health problems, child neglect, etc. By designing intervention tailored to specific risk groups, we can increase the possibility of meeting the needs of these groups, as well as the probability that the intervention will be successful. In this chapter we present some examples of selective prevention in Slovenia.

Prevention for high-risk groups (children, adolescents and families)

The European "Fred goes net" programme, which focuses on early intervention for young people experimenting with drugs, was implemented again in 2009 in the region of Štajerska. A plan to spread the programme across the whole Slovenia will be designed in 2010/2011.

We already presented the Project learning for young adults (PLYA) programme last year. It is a publicly valid educational programme for young people aged between 15 and 25 years, who have left school for various reasons and are unemployed. In Slovenia and abroad, the PLYA programme is recognized as a successful programme for solving the school dropout problem and reducing unemployment among young people. PLYA participates in various international projects each year. In 2009, it successfully carried out the »Can I live?!« (Lahko živim?!) project, in which 30 human rights were presented using film, dance, play, poetry and photography. In Slovenia, the programme is implemented by 12 organizations in Ljubljana, Slovenj Gradec, Murska Sobota, Ajdovščina, Celje, Radovljica, Koper, Maribor, Novo mesto, Murska Sobota, Tolmin and Škofja Loka (PLYA 2010).

Different prevention programmes for children, adolescents and their parents in the so-called high-risk group are also implemented by a number of non-governmental organizations. Here we present in more detail the work of the Projekt Človek (Project Man) non-governmental organization. The Projekt Človek association implements the Programme for children and adolescents (POM), which is aimed at young people who experiment with or use illicit drugs (especially marijuana) and face other types of addiction (to electronic media, computer games, relationships, eating disorders, etc.). The aim of the programme is to prevent the development of addiction and promote healthy lifestyles and good family relationships.

According to the professional worker Tanja Stanković, the programme includes a reception centre where parents and adolescents get free information and are directed towards various forms of help in Slovenia and abroad, and can remain anonymous. In the centre they meet the programme's professional workers and learn about the working methods used in the POM programme. The direct work of POM includes motivational and counselling work with adolescents and their parents, as well as counselling for parents only, or for whole families. The centre also provides telephone counselling (information about drug abuse in adolescents), as well as counselling via e-mail and an internet forum.

Young people and their families enter the POM programme voluntarily. Upon entry, all family members commit themselves to regularly participate and follow the guidelines and objectives of the programme. They agree to participate for a period of 6 months, which is often

extended by 6 additional months. The programme is implemented in the form of clinical sessions, which means that young people participate in various activities by prior arrangement, and are not required to participate in all-day sessions. The direct work with the users of the programme includes a programme of psychological, pedagogical-educational and addictological help for children and adolescents with problems. POM also includes individual conversations with adolescents and help for and with learning.

The emphasis of the programme is on working with parents and whole families. Parents can join the therapeutic – educational group for parents, which gives them the opportunity to exchange their own experiences (from parents – to parents). POM encourages intergenerational interaction (parents, children, adolescents) and organizes groups and seminars.
In addition to the standard activities, POM promotes informal socializing and attending cultural and sporting events. This way young people can adopt socially acceptable behaviour and healthy leisure activities. The programme also offers various creativity workshops which encourage artistic and creative expression.

In 2009, a total of 208 people received help in the programme. In addition to the standard programme, there were also some new preventive activities implemented in 2009. These activities included two camps on the Kaja and Grom ranch, where children were in contact with nature and animals (they also had horse riding lessons); hiking for families; and creativity group workshops for women, titled »Čas zase« (»Time for myself«). These workshops or groups are intended for women who attend therapeutic programmes due to their children's problems with illicit drugs, as well as mothers who have problems with drugs themselves (Stanković 2010).

In order to develop programmes that would be aimed at children and adolescents whose parents are alcoholics, Slovenia joined the CHAPAPS project (Reducing Harm and Building Capacity for Children Affected by Parental Alcohol Problems in Europe), which aims to reduce damage and build opportunities for the children of alcoholics in Europe. It is a four-year project (lasting from 1. 8. 2007 to 31. 7. 2010) with 21 expert partners from 17 European countries. Its Slovenian partner is the Department of Family Medicine of the University of Ljubljana. The research goal of the project is to determine what consequences the children of alcoholics suffer and how often these consequences occur. The final objective is to prevent children in families with one or two alcoholic parents from suffering damage, support them and teach them how to minimise the consequences. In the final stage of the project, the Slovenian partner has the task of drawing up a manual of best practice – different activities that have proven successful in individual countries (Kopčavar Guček 2009: 15–16).

There is also a programme for the placement of children and adolescents in group homes and educational institutions, which is intended for children and adolescents who live in inappropriate family environments. They can enter the programme if there is no way of improving their home living conditions, if other approaches are prognostically ineffective, and if the assessment suggests that treatment in a more structured environment will improve the child's or adolescent's situation. The programme is aimed at children and adolescents aged from 8 to 18 who have difficulties with growing up and social integration, and do not have adequate living conditions at home. By using modern methods of education, such programmes help children solve the perceived problems and prepare them to return back to the primary social environment.

The most common causes for placing children and adolescents into home groups or educational institutions are: learning and behavioral problems, social problems, and parents' inability to provide proper care. The placement occurs on the basis of a court judgement, or if the findings of the Centre for Social Work (CSW) show that the social environment is inappropriate for the child, and needs to be changed. After a discussion with the adolescent and his/her parents, and a thorough professional assessment, the competent CSW decides on the most appropriate accomodation. The suitability of the accomodation is also assessed by a special expert committee of the Centre for Social Work. A professional worker from the CSW monitors the child's/adolescent's progress in the group home/educational institution, participates in team meetings and cooperates with parents. Parents or significant others (guardians, foster parents, relatives) have an important role during the child's stay in the group home/educational institution (CSW Ljubljana Šiška 2010).

Today there are seven educational institutions, three youth homes and one correctional institution in Slovenia, and there are 19 group homes organized within them (SURS 2010). The accomodation is free of charge, and the expenses are covered by the Ministry of Education and Sport of Slovenia. Children or adolescents can stay in group homes/educational institutions for a few months or up to three years. If the adolescent reaches the age of 18 during that time, he/she can stay in the group home/educational institution if he/she agrees to stay.

Skalar defines a group home as a group of children or adolescents living together in an appartment or house in an urban environment as in a family-like community (Kiehn 1997: 8). A group home offers children and adolescents a substitute environment in which they can satisfy their needs and strive to achieve their life goals with the help of professional workers who provide them with support, mentoring and counselling. The children are educated in regular primary and secondary schools outside the group home.

The system of group homes and educational institutions prevents young people from becoming marginalized, offers them normal living conditions, encourages them to be independent and to take responsibility for their actions. It contributes to genuine and good mutual relationships which make it easier to eliminate deviations and irregularities, solve conflicts and disagreements. It also increases the competences of individuals living together (Kiehn 1997).

According to the data from the Statistical Office of the Republic of Slovenia, there were 401 children and adolescents living in institutional care in educational institutions, correctional institutions and youth homes in 2009. Almost two thirds of them were boys. The percentage of boys is the highest in educational and correctional institutions, while the percentages of both sexes are almost equal in youth homes. All children and adolescents living in these institutions attend primary or secondary schools. Primary education is usually provided within the institutions mentioned, while secondary education is mostly conducted in other institutions. After leaving the educational or correctional institutions, more than two thirds of the children return to their parents or guardians (SURS 2010).

The Youth health resort Rakitna ... "when kids get a chance" (Mladinsko klimatsko zdravilišče – MKZ Rakitna … »ko otroci dobijo priložnost«) is an example of integrated treatment for children and adolescents who have difficulties in social integration with peers, emotional problems and/or eating disorders (MKZ Rakitna 2010).

According to Julija Pelc, head of the psychological department at the resort, the Youth health resort Rakitna, which boasts eighty years of tradition, has clean, natural surroundings that have healing effects also on children with asthma and other recurrent respiratory diseases. The resort offers comprehensive medical treatment in a natural environment and in the company of peers. The treatment is conducted within the respiratory disease programme where individuals learn how to live with their diseases. Their clinical experience and epidemiological studies show that the number of Slovenian people with emotional problems and eating disorders is growing. Therefore, they have designed two new programmes with the help of a group of experts:

- A programme of early treatment for children at risk of developing emotional and/or eating disorders, hereinafter: the »School of growing up healthy« (Šola zdravega odraščanja);
- A programme of reintegration and rehabilitation of people with emotional and/or eating disorders.

The »School of growing up healthy« is described as: »A programme of secondary prevention aimed at children and adolescents aged between 6 and 26 years who have problems in the field of emotions, responding and/or eating, integrating with peers, etc. It is also suitable for those adolescents who have problems at school and/or at home, are burdened by their physical appearance or their school performance, lack motivation, set their goals too high or have other psychological problems. The hardships that adolescents experience are of various kinds, for example: different fears, anxiety, depression, lack of self-control and inability to use appropriate skills when facing and solving problems. Due to these hardships, adolescents' relationships with friends and other important persons are often conflictual, their quality of life is lower and their life unsatisfactory« (Pelc 2010).

People enrolled in the programme are children and adolescents who cannot yet be diagnosed with emotional or eating disorders (they haven't yet developed the full clinical picture, but the emotional, social, physical and behavioural signs are already present, foretelling the possibility of the development of mental disorders – subclinical picture). Also children and adolescents already enrolled in therapeutic treatment can enter the programme if an expert concludes that such a form of additional help is necessary and reasonable.

The objectives of the »School of growing up healthy« are centered on strengthening and improving self esteem and confidence; strengthening healthy patterns of functioning; teaching suitable responses to conflictual situations; developing the feeling of belonging to the family and peers; eliminating inappropriate ambitions, regulating aspirations for perfection, and accepting and identifying realistic abilities and actual needs; strengthening the feeling of self-control; developing critical assessment and problem solving skills; building age appropriate independence.

The objectives are achieved through various activities. Children and adolescents are involved in therapeutic work, they attend group treatment and individual discussions with psychologists, create works during music therapy sessions and creativity workshops. They have sessions with therapy dogs and pedagogical riding sessions, which are funded by donations from abroad – Norwegian financial mechanism. Children and adolescents are also involved in sporting activities, group games, they have active leisure time and learn about different topics in educational groups with medical workers and at school, where short lessons take place every day.

Great emphasis is also placed on cooperation with families, schools and professional workers who work with children or adolescents in their home environments with the aim of strengthening their social networks. Parents have the opportunity to consult with the workers about the upbringing of children or participate in family therapy.

The programme lasts for 14 days. Parents, social services, schools or health institutions can take the initiative and enrol a child or adolescent in the programme. The child/adolescent can enter the programme on the recommendation of his/her personal physician (pediatrician, school doctor, general or family doctor) or a selected child psychiatrist, who gives a referral for treatment. The treatment costs are covered by the insurance company. Children with self-funding can also enter the programme.

In addition to the »School of growing up healthy«, a new programme of Reintegration and rehabilitation of people with emotional and/or eating disorders has been running since March 2009.

After ambulatory or hospital specialist psychiatric treatment of emotional or eating disorders, adolescents usually need additional encouragement and support in completing the development process, as well as in their reintegration into everyday life. Thus a programme for young people aged 18-26 has been developed to offer them professional support in facing challenges that often remain after the treatment has been completed. Some of these challenges are: completion of education, independence from the family, preparations for professional work and partnership. The programme consists of therapeutic work (therapeutic groups and individual discussions, therapeutic horse riding, expressive movement therapy, music therapy); social skills training; time scheduling group; creativity workshops; physical activities (recreation in nature, tennis, volleyball, archery, climbing on artificial or natural walls ...); leisure time which is dedicated to achieving individual goals (higher education, job seeking, socializing with peers, reading ...).

The programme lasts from one to three months during which young people have the opportunity to learn to be more independent and continue achieving development goals of adolescence with the help of the Rakitna professional workers. These goals include actively searching for employment or further education, as well as effective problem solving. Young people reside in partially independent households within the resort. They participate in the aforementioned group activities every day. In order for adolescents to achieve development tasks, some changes also have to take place in their families, i.e. in the relationships between adolescents and their parents. It is therefore desirable that family members also enrol in the programme, if necessary. The adolescents spend weekends at home.

The programme is implemented in cooperation with the Health Insurance Institute of Slovenia. A referral from a medical specialist is required for the entry into the programme which is paid for by an insurance company.

The operators of both programmes pointed out: »Both programmes will live only if children and adolescents, whom the programmes are intended for, are enrolled in them. Also the silent and »shady« individuals, who do not cause any problems and thus remain unnoticed, should find their place in these programmes. These young people also need equal support on the path of personal development. Many of them want to come to Rakitna again. There are more than a few of the children who say that their time at Rakitna resort was one of the

best things they have experienced in some time, and the responses of their parents confirm that this is true« (Pelc 2010).

According to the information provided by the head of the psychological department at the Rakitna resort, 198 children were enrolled in the programme of early treatment for children at risk of developing emotional and/or eating disorders in 2009. 98 of them were girls and 100 were boys; most of them were aged between eight and thirteen or fourteen years. 22 adolescents have entered the programme of reintegration and rehabilitation for people with emotional and/or eating disorders since March 2009 (Pelc 2010).

Prevention in recreational settings

The most well-known and widespread form of prevention in recreational settings in Slovenia is carried out by the DrogArt Association, which has been operating since 1999 with the goal of reducing the harmful consequences of drug use among young people. The main activity fields of the DrogArt Association are: providing information and counselling, an info point, field work at electronic music events, organising prevention workshops, publicity activities and research.

Counselling is conducted over the phone, online and in person and is aimed at people experiencing drug-related problems. The association also offers counselling and information for parents, teachers and others who encounter problems related to psychoactive substance use in their line of work or in everyday life. Their most well-known and successful field campaign is the Dance with Your Head ;) ("Pleši z glavo ;)") project, comprising the association's main field work activities since its establishment. The DrogArt volunteer team attends all large electronic music events and many electronic music events in clubs. At such events, DrogArt field workers distribute free fruit, isotonic drinks and prevention materials as well as providing basic first aid to those experiencing problems due to psychoactive substance use (DrogArt 2010).

The Z glavo na zabavo ("You Can Choose, Win or Lose") Foundation also implements prevention activities in recreational settings. Their activities focus primarily on alcohol, but also include tobacco and illicit drug use.

Planned prevention and entertainment activities for adolescents strive to influence normative beliefs (one can also have fun without alcohol, tobacco and illicit drugs) and bring attention to the incompatibility of driving and alcohol and drug use. They describe themselves as an organisation that encourages Slovenian citizens to spend their free time in a healthier way, offering an alternative to the prevailing lifestyle controlled by capital interest. Generally most active in the so-called drinking environments (popular bars, large public events and traditional school events), they have extended event activities to large shopping malls in the last few years. In the spring of 2009, the foundation organised 17 group events all around Slovenia, carried out in the form of accompanying prevention activities. Activities were also performed during public events, where university and secondary school students comprise the majority of visitors. In the autumn, the foundation focused on organising You Can Choose, Win or Lose parties at primary schools, with 37 events taking place in various parts of Slovenia (Kravos 2010).

3.4 Indicated prevention

Indicated prevention is aimed at recognising and treating individuals with a higher risk of developing addiction later in life, for instance, children with behavioural disorders, such as: attention deficit disorder, hyperactivity, behavioural problems; mental disorders; asocial behaviour; early signs of drug use, etc. Such prevention focuses on the individual and individual treatment with special interventions. The so-called early intervention approaches must be tackled in an interdisciplinary manner, that is, in close cooperation with experts from different professional disciplines and parents or guardians.

The most recognised programmes in the field of indicated prevention are aimed primarily at children with attention-deficit disorders (ADD) and children with attention-deficit hyperactivity disorder (ADHD). In addition, programmes for children and adolescents with other mental disorders, such as depression, are also conducted. Most of these programmes are implemented within an organised therapeutic and educational and counselling context. They include continuous health, psychotherapeutic and psychosocial support, educational support in kindergartens or schools and in-depth work with parents or children's guardians. Generally, disorder treatment is provided through psychohygenic dispensaries, pedopsychiatric dispensaries and the Counselling Centre for Children, Adolescents and Parents in cooperation with competent services (teachers, special pedagogues, counsellors), mostly in the form of individual work with a child and family treatment. Treatment is also supported by specialised associations.

Treatment of children with diagnosed disorders has different levels and ranges from less to more intensive forms of help and support, depending on the intensity of the problem.

3.5 National and local media activities

Addiction prevention month national campaign – (e)valuation of prevention – building good practice

In Slovenia, November has been labelled the Addiction Prevention Month and is marked by a countrywide prevention campaign. 2009 already saw the implementation of the ninth campaign. The general purpose of the campaign is to increase public awareness relating to addiction, promote dialogue and openness, and strive to solve pressing issues in the field. However, activities do not only address illegal substances, but deal with all psychoactive substances as well as non-chemical addictions.

As every year, the prevention month offers an opportunity to assume "joint responsibility" and encourage all members of society (groups and individuals, politicians, experts and the general public) to contribute, within the scope of their means and competencies, to solving the addiction problem by informing the general public and becoming actively involved in various environments (schools, work organisations, leisure organisations, local communities, etc.), including various target groups (children, adolescents, parents, childcare workers and teachers, employers, general and professional public, etc.) and employing methods that have been proven as effective and are scientifically sound.

Compared to previous years, the main topic of the 2009 Addiction Prevention Month focused predominately on the expert public with the aim of ensuring the quality and accessibility of the prevention programmes. Activities were implemented under the slogan "(E)valuation of

Prevention – Building Good Practice" in order to draw attention to the significance of evaluating prevention activities and programmes, establishing a system for ensuring prevention programme quality and recognising good practice in the field of drug addiction prevention with the purpose of attaining transparency, legitimacy, accessibility and effectiveness of prevention activities.

A wide range of activities took place around Slovenia during November: a national conference, numerous expert meetings and seminars for professionals in local environments; numerous prevention and education workshops and lectures for children, adolescents and their parents; round tables; discussion meetings as well as sports and cultural activities in local environments. Moreover, many media activities were also carried out, from coverage and interviews in print media to shows and discussions on local and national radio and television stations.

Ne-odvisen.si campaign – draw a new day

In 2009, the Zavod 7 organisation began designing a prevention campaign for the whole of Slovenia under the slogan "Draw a New Day". The purpose of the campaign is to use positive energy and constructive advice to raise awareness about the harm caused by various addictions and the beauty of free life without addiction among young people and their parents. The planned campaign covers interactive approaches for children, adolescents and adults, aimed at enhancing awareness of various addiction traps (related to drugs, alcohol, tobacco, excessive internet use, gambling, etc.) in target groups, building a positive self-image, connecting young people and actively introducing them to sports and other healthy activities.

The organisation of over 200 events is planned on a yearly basis. Every target group will be associated with different communication elements and graphic designs. Events where experts actively socialise with adolescents and parents, and different communications media, including the website www.ne-odvisen.si (i.e. "you are in-dependent"), will represent the core components of the campaign (Gorkič 2010).

Alcohol-related campaigns

A number of campaigns targeted alcohol use, including two high-profile national campaigns: 40 Days without Alcohol – Less, Little or No Alcohol 2009 and Alcohol Kills – Mostly the Innocent.

The 40 Days Without Alcohol campaign, which was organised by Caritas Slovenia, the Road Safety Council (Slovenian Roads Agency, Ministry of Transport) and the Med.Over.Net Institute, was conducted between 25th February and 11th April 2009 and covered more than 800 locations around Slovenia. The purpose of the campaign was to raise awareness of the general public and draw attention to the consequences of excessive alcohol use. Organisers promoted a 40-day alcohol abstinence period in solidarity with all people who suffer domestic violence, traffic accidents and illness caused by excessive alcohol use.

By using the "Less, Little or No Alcohol is Always the Right Choice" slogan, organisers placed emphasis on the fact that the campaign did not attempt to promote a healthy diet or ban alcoholic drinks, but merely introduced a simple logic that suggests changing the most ingrained habits related to alcohol from birth to death. The website www.brezalkohola.si (i.e. "no alcohol") and information materials were prepared in support of the campaign.

Caritas Slovenia addressed around 800 parish communities and distributed one hundred thousand leaflets and magnetic tears as well as 3,500 posters. The Road Safety Council distributed 4,000 posters and conducted an online survey, which showed that 41.6 percent of respondents complied with the campaign goal, while 22.9 percent also observed it when driving. Furthermore, many confessions regarding the issue were posted on the online forum established by Med.Over.Net Institute, which is available on the website www.brezalkohola.si. During campaign activities, the forum was accessed more than one hundred and thirty thousand times by ten thousand people (40 dni brez alkohola 2009).

The Alcohol Kills – Mostly the Innocent campaign was carried out as a coordinated action by several ministries, the police, inspection services and non-governmental organisations. The June part of the campaign (from 1st to 7th June 2009) was aimed primarily at an all-European police action of stricter control of driving under the influence of alcohol and at media activities with the "Alcohol Kills. Mostly the Innocent" slogan. The second and third parts were carried out in November (from 5th to 12th November 2009) and December (from 1st to 31st December 2009).

The main purpose of the campaign was to promote an integrated approach to the issue of alcohol abuse, which endangers road safety in its last stage. The approach was primarily oriented at: adopting a two-year action plan on alcohol, a wider public discussion about the alcohol policy, multi-layered media campaigns, distributing existing prevention materials (e.g. posters, TV spots, etc.), intensified activities of competent inspection services and, last but not least, stricter police control. The campaign strove to reduce the use or abuse of alcohol in relation to road safety. A radio spot, a newspaper advertisement and a poster were designed in addition to a television spot.

5. Drug-related treatment: demand for and access to treatment

prepared by Mateja Jandl

5.1 Introduction

Treatment of illicit drug users is conducted in the form of hospital or outpatient treatment programmes. This includes substitution treatment. Outpatient prevention activities and drug addiction treatment are conducted at the primary level within the public health network, more precisely in 18 Centres for the Prevention and Treatment of Drug Addiction (CPTDA). In order to analyse the data on the »demand for treatment« indicator, we collected completed questionnaires from all 18 centres and from the Centre for the Treatment of Illicit Drug Addiction at the Ljubljana Psychiatric Hospital with the help of centre managers and the head of Coordination of the CPTDAs. The data was analysed at the Institute of Public Health of the Republic of Slovenia.

5.2 Strategy and policy concerning illicit drug addiction treatment in Slovenia

Basic documents pertaining to the field of drug addiction treatment in Slovenia are the following: Production of and Trade in Illicit Drugs Act, Act Amending the Production of and Trade in Illicit Drugs Act, and Act Regulating the Prevention of the Use of Illicit Drugs and the Treatment of Drug Users. The last act provides for measures to prevent the use of illicit drugs, and for the treatment of illicit drug users; it specifies the measures and activities to reduce the demand for drugs. These activities include various information campaigns, prevention programmes, health and social activities, and harm reduction programmes. The treatment of illicit drug users is conducted in the form of hospital or outpatient treatment programmes which were approved by the Health Council. In accordance with this act, treatment may include methadone maintenance or other opioid replacement therapy approved by the Health Council.

(http://www.mz.gov.si/si/delovna_podrocja/javno_zdravje/sektor_za_krepitev_zdravja_in_zdravav_zivljenjski_slog/prepovedane_droge/temeljni_dokumenti/)

In accordance with relevant laws, the state provides funds for treatment and rehabilitation programmes from different sources and enables treatment in health care institutions, social care centres and non-governmental organizations (NGOs).

Social treatment

Both governmental and non-governmental organizations play an important role in the social treatment of illicit drug users. In accordance with the laws on social care, professional work is carried out by 62 social services providers, such as social work centres, social care programmes, and other organizations that offer other forms of help. Their aim is to solve social problems through various forms of work: field work, which is based on the principle of harm reduction (low-threshold approach); day centres, different shelters and housing programmes; drug information activities, counselling, social first aid services, various kinds of high-threshold programmes, reintegration centres; employment programmes, training and integration programmes; reduction of the social exclusion of drug users who are in methadone maintenance treatment or in prison, etc.

The work of non-governmental organizations

Non-governmental programmes in the field of drugs are conducted within the Association of Non-Governmental Organizations, which coordinates the activities of NGOs. Non-governmental organizations mostly implement programmes in the field of social care. Their work is based on developing and promoting the policies for mitigating the adverse consequences of drug use; they train volunteers to work in the field of harm reduction, provide drug users and their families with professional help and support, and monitor their detoxification and abstinence maintenance.

The first national programme in the field of drugs in Slovenia was prepared in 1992, and represented the beginning of the process of solving the problems associated with illicit drugs. In 2011, the Ministry of Health (which is the ministry in charge) will, in cooperation with nine ministries, external experts and civil society representatives, prepare a draft resolution for the 2011-2020 National programme on drugs control in Slovenia. The resolution will be a supplement to the existing Resolution for the 2004 - 2009 National programme on drugs control.

5.3 Treatment of drug users within primary health care

Drug addiction treatment takes place in health institutions and is conducted in accordance with the laws on medical practice. Medical treatment of drug users is included in the regular health care programme, which is funded by the Health Insurance Institute of Slovenia. Treatment is conducted by public health institutions and private health care providers, in hospitals and clinics. Drug users are treated at the primary level in specialized Centres for the Prevention and Treatment of Drug Addiction. Hospital treatment takes place in the Centre for the Treatment of Illicit Drug Addiction at the Ljubljana Psychiatric Hospital, and includes detoxification, management of crisis situations, treatment of patients with drug addiction and associated mental disorders, specialist outpatient activities, treatment in day hospitals, and extended hospital rehabilitation treatment.

In addition to medical treatment, the users of illicit drug addiction treatment programmes have to be provided with psychotherapy treatment and help in social problem solving.

In 1995, a network of eighteen Centres for the Prevention and Treatment of Drug Addiction was established in Slovenia. Work in centres is performed by teams, each of which consists of a general practitioner, social medicine or occupational medicine specialist, psychiatrist, psychologist, a nurse with a bachelor degree and a nurse with a high school diploma or a health technician.

The Centre for the Treatment of Illicit Drug Addiction at the Ljubljana Psychiatric Hospital has been operating since 2003. This is where hospital treatment as well as outpatient treatment, day hospital and extended rehabilitation treatment take place.

Activities of the Centres for the Prevention and Treatment of Drug Addiction in Slovenia:

- counselling for drug users and their relatives;
- individual, group and family therapy;
- preparation for hospital treatment;
- assistance for rehabilitation and reintegration into society;
- consultation on health and social services;

- home care and contact with therapeutic communities and self-help groups;
- outpatient detoxification;
- substitution programmes.

The activities in the centres and clinics include detoxification and substitution treatment programmes for opioid-dependent drug users (Kastelic and Kostnapfel 2010).

The doctrine of the treatment of illicit drug users within primary health care is proposed by the Coordination of CPTDAs, which also coordinates professional cooperation between the centres.

In 2007, the Ministry of Health of the Republic of Slovenia evaluated the substitution treatment programme in Slovenia – it assessed its quality and efficiency. The results showed that, compared to treatment in other EU states, the substitution maintenance treatment in Slovenia is well organized, its accessibility is high, there are no waiting periods, the working hours of the centres are appropriate, there are no extra criteria for the inclusion of an individual in the treatment programme. Regular meetings of the centres' staff enable better cooperation between the centres. The developments in the field of substitution maintenance treatment are discussed at the meetings, so that new findings can be introduced into practical treatment.

According to the data from the Coordination of Centres for the Prevention and Treatment of Drug Addiction, 4,322 people entered treatment in 2009. 3,324 of them were in substitution treatment, where the following substitute drugs were used: methadone, suboxone, subutex and substitol (Kastelic 2010), as shown in Table 5.1.

Table 5.1: *People treated in Centres for the Prevention and Treatment of Drug Addiction in 2009*

Number of all persons treated	Number of all persons in substitution treatment	Methadone	Suboxone	Subutex	Substitol
4,322	3,324	2,498	466	1	289

Source: Coordination of Centres for the Prevention and Treatment of Drug Addiction (A. Kastelic 2010)

The Coordination of CPTDAs carried out many activities in 2009, mostly in the field of training of professionals from Slovenia as well as abroad – from Serbia, Kosovo, Tajikistan and Kyrgyzstan. Apart from that, basic education for professionals who work in CPTDAs is conducted every year. Monthly education sessions for the centres' staff included a presentation of a housing programme for the treatment and rehabilitation of persons with addiction and associated mental disorders, education on workplace bullying, education on the use of opioids to treat pain in patients with drug addiction, information on how to report hepatitis C cases, and information on the correct completion of FTD questionnaires. The professionals also cooperated with alcohologists and learned about the enforcement of the law on mental health. The opening of the renovated centre in Logatec also took place in 2009. The Coordination staff participated in the South Eastern European and Adriatic Addiction Treatment Network (SEEA) conference in Budva and the European Association of Addiction Therapy (EEAT) conference in Ljubljana.

5.4 Characteristics of users who entered a CPTDA programme again or for the first time in 2009

A survey concerning the demand for treatment was conducted within the network of 18 Centres for the Prevention and Treatment of Drug Addiction and a Centre for the Treatment of Illicit Drug Addiction at the Ljubljana Psychiatric Hospital in 2009. 3,145 people completed the questionnaire; 2,229 of them were in continuous maintenance treatment. Presented below is the surveyed population who were treated in 2009 and consisted of people who completed the »treatment demand« questionnaire and entered a CPTDA programme again or for the first time.

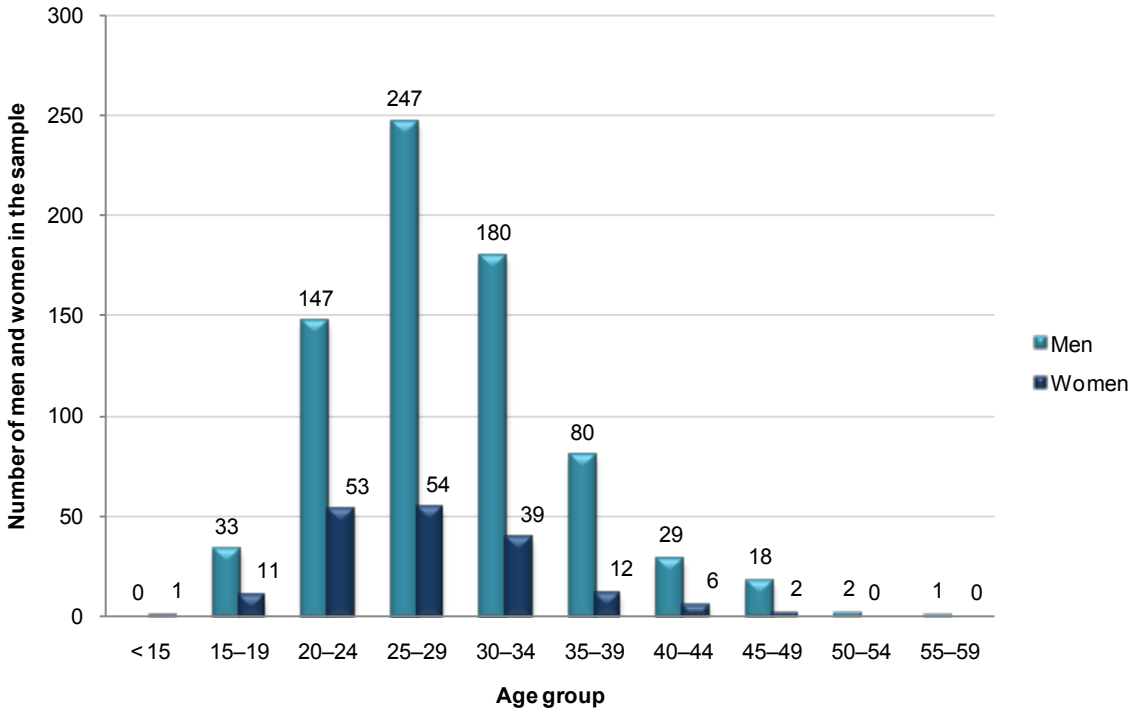
Demographic structure of programme users

The treatment demand indicator (TDI) survey covered 916 programme users. 371 (40.5%) of them were treated for the first time, and 511 (55.8 %) of them entered the programme again. There were 34 surveyed users with unclear information about entry into a programme. The average age of users who entered a CPTDA programme again or for the first time was 28.4 years. 737 (80.5 %) of all users were male; their average age was 28.8 years. The remaining 179 (19.5 %) users were female, and their average age was 27 years.

Among all 371 people treated for the first time, 297 (80.1 %) were male and 74 (19.9 %) were female. The average age of men was 27.4, and the average age of women was 25 years.

The majority of all 916 surveyed users fall into the age group 25 – 29 (Figure 5.1), while most of the users who entered a CPTDA programme for the first time fall in the age group 20-24.

Figure 5.1: *Age distribution of CPTDA programme users in 2009, Slovenia 2009*



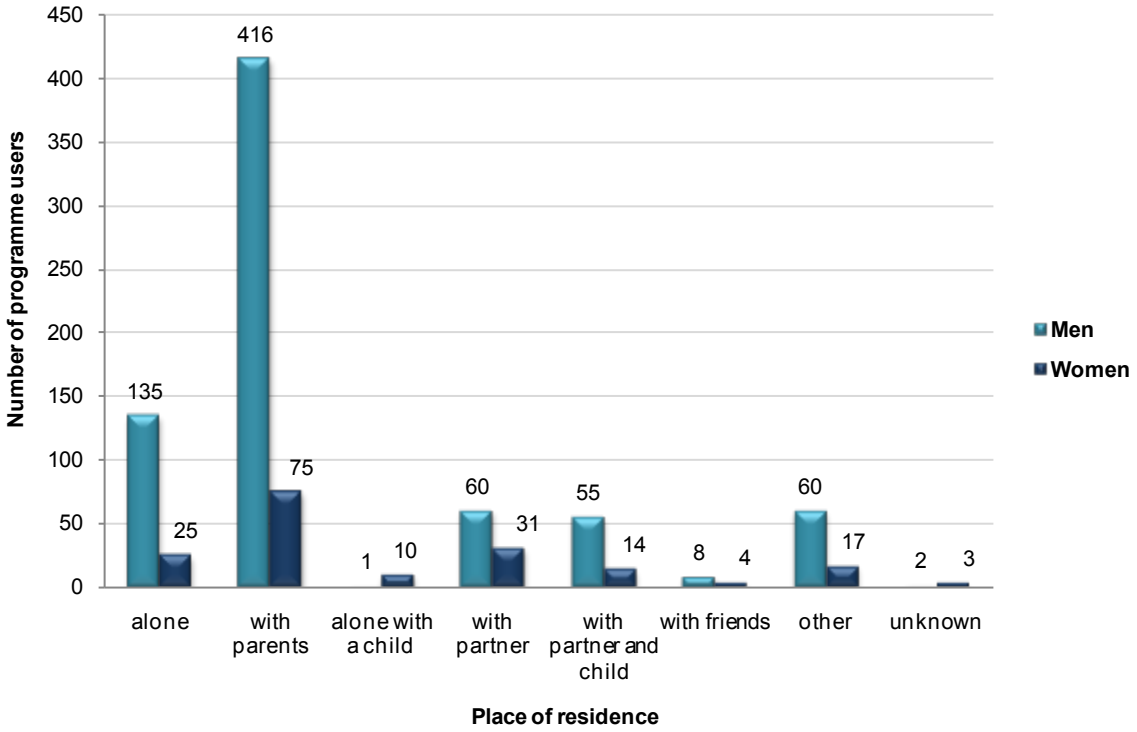
Source: National Institute of Public Health, 2010

Most of the surveyed users (665 or 72.6 % of all users) entered a programme by themselves; 104 users (11.3 %) came to one of the centres with their parents; 31 (3.4 %) were referred to a programme by other centres, 29 by general physicians, and 28 by other health institutions.

Place of residence of programme users

Most programme users who entered a CPTDA programme again or for the first time live with their parents (491 persons or 53.6 %); 160 (17.5 %) live alone, 91 (9.9 %) with their partners, and 20 (2.2 %) users live in institutions.

Figure 5.2: *Number of programme users by place of residence, Slovenia 2009*



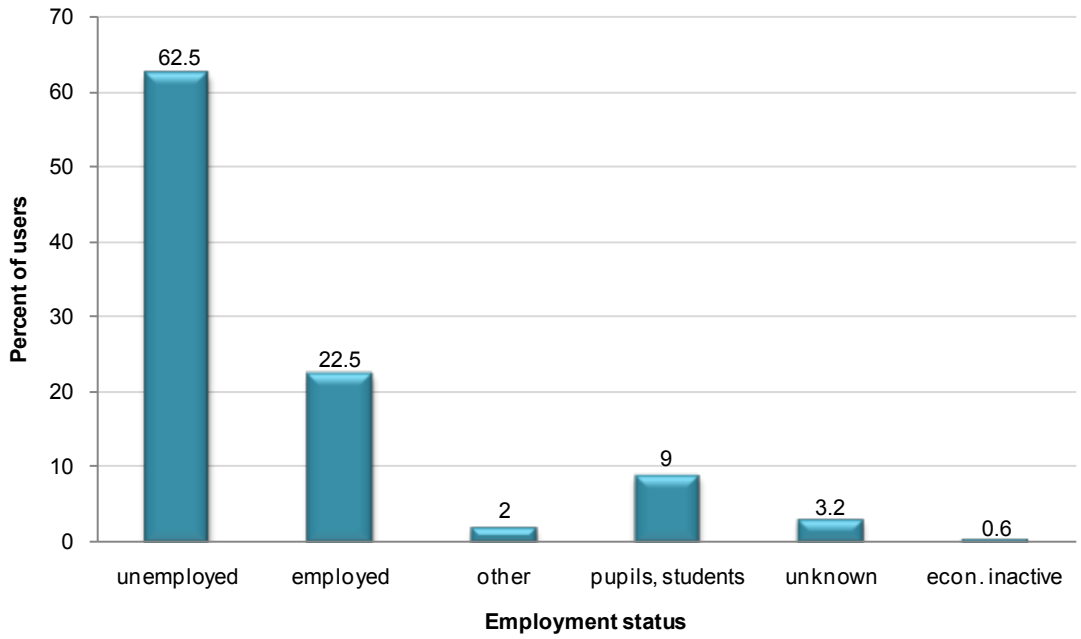
Source: National Institute of Public Health, 2010

133 (14.4 %) of users who entered a programme again or for the first time stated that they did not have a permanent residence (they were homeless), and 2.1 % of them had come from an institution. Among the users treated for the first time, 2.1 % had come from an institution, and 12.1 % (45 users) were homeless.

Employment status of programme users

Among the users who entered a programme again or for the first time, 206 (22.5 %) were employed full-time, and 573 (62.5 %) were unemployed (Image 5.3). Among the users who entered a programme for the first time, 80 (21.5 %) were employed full-time, and 208 (56 %) were unemployed.

Figure 5.3: *Proportions of programme users by employment status, Slovenia 2009*



Source: National Institute of Public Health, 2010

Education levels of programme users

Persons who had completed secondary education represented the largest proportion (51.7 %) of all users who entered a programme again or for the first time. 327 (35.7 %) of all programme users had completed primary education, 16 (1.7 %) had not completed primary education, and 27 (2.9 %) had completed higher education.

Among the users who entered a programme for the first time, 210 people (56.6 %) had completed secondary education, 111 (29.9 %) had completed primary education, 7 (1.8 %) had not completed primary education, and 10 (2.7 %) had completed higher education.

Table 5.2: *Social vulnerability of users treated for the first time, by sex, Slovenia 2009*

Socially vulnerable persons (in %)	Men	Women
Unemployed	56.5 %	54 %
Low level of education	31 %	35.1 %
Homeless	11.1 %	16.2 %
Living in an institution	2 %	2.7 %

Source: National Institute of Public Health, 2010

Users' main drugs, for which they entered a programme again or for the first time

Most persons treated again or for the first time who sought medical help in Centres for the Prevention and Treatment of Drug Addiction in 2009 stated that they had problems with opiates. Among 916 treated persons, 799 (87.2 %) were treated for opiate abuse. 778 or 84.9 % used heroin as their main drug (that is 97.4 % of all persons who used opiates as their main drugs); 18 people (1.9 %) abused unprescribed methadone. 42 people (4.6 %) sought help due to cocaine use, and 59 (6.4 %) due to cannabis addiction. Only 5 persons entered a programme due to synthetic drug abuse, and 8 due to the use of sedatives or hypnotics.

Among 371 users who entered a programme for the first time, 298 (80.3 %) were treated due to opiate abuse. 288 (77.6 %) used heroin as their main drug (that is 96.6 % of all persons who used opiates as their main drug), and 9 (2.4 %) abused unprescribed methadone. 18 persons (4.8 %) sought help due to cocaine use, and 47 (12.6 %) due to cannabis addiction. Only 4 persons entered a programme due to synthetic drug abuse, and 3 due to the use of sedatives or hypnotics.

Ways of taking the main drug

Among all 916 programme users, 799 were treated for opiate abuse, 778 (84.9 %) of whom used heroin. Most of them (415 or 53.3% of heroin users) used heroin by injecting, and 278 users (35.7 %) smoked it. 18 programme users (1.9%) abused unprescribed methadone; they all used it orally. 42 persons (4.6 %) sought help due to cocaine use; 17 or 40.8 % of them injected cocaine, and 18 or 42.8% sniffed it.

Among all 916 surveyed users who entered a programme again or for the first time, 737 or 80.5 % were male. 645 or 87.5 % of men used opiates as their main drug: 629 (85.3 %) used heroin. More than half of male heroin users (52.3% or 329 users) injected heroin, 233 (37 %) smoked it, and 56 (8.9 %) sniffed it. 13 men used methadone and other opiates as their main drug. 32 men (4.3 % of male users) used cocaine as their main drug; 14 or 43.7 % of them injected cocaine, 5 smoked it, and 12 sniffed it. 50 or 6.7 % of male users used cannabis as their main drug.

There were 179 women (19.5 %) in the surveyed group. 154 or 86 % of them used opiates as their main drug. 149 or 83.2 % of female opiate users used heroin as their main drug. 86 or 57.7 % of female heroin users injected heroin, 45 (30.2 %) smoked it, and 16 (10.7 %) sniffed it. 10 female users (5.6 %) used cocaine as their main drug; 6 of them sniffed cocaine, and 3 injected it. 9 women used cannabis as their main drug, and 4 women sought help due to their addiction to hypnotics or sedatives.

Frequency of taking the main drug

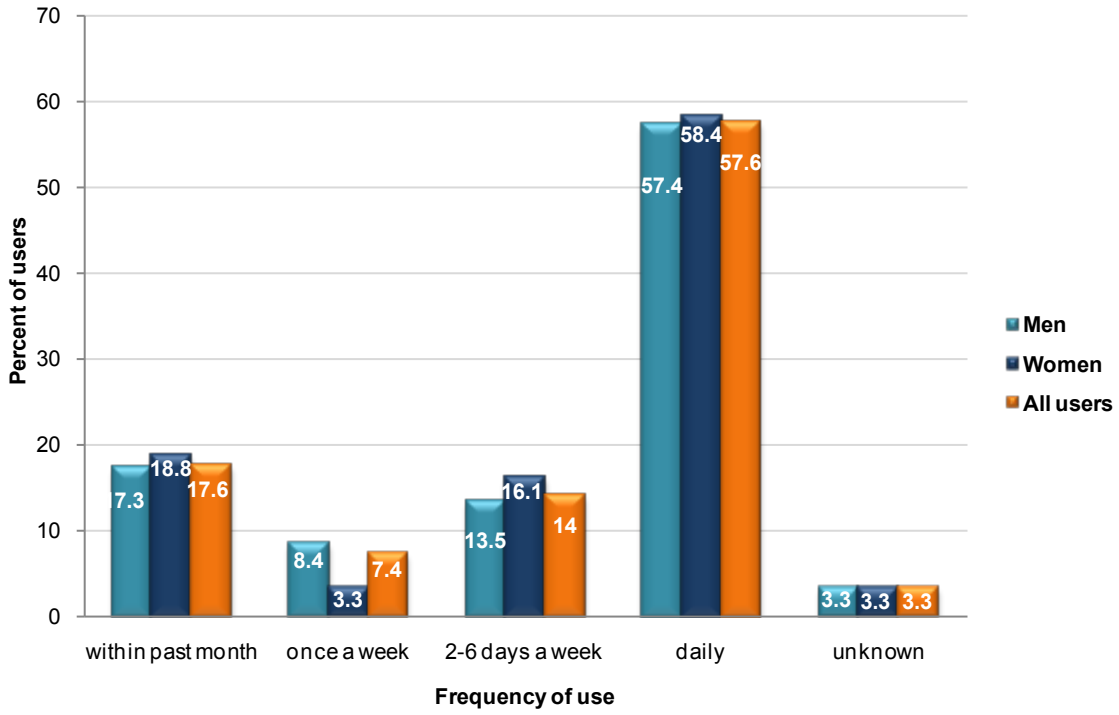
The surveyed drug users differ depending on the frequency of taking the main drug. 462 users or 57.8 % of all 799 surveyed opiate users stated that they used opiates every day. 448 or 57.6 % of all 778 heroin users stated that they used heroin every day, and 137 heroin users (17.6 %) had not used heroin within one month prior to the survey.

Among the users who entered a programme for the first time, 203 persons or 68.1 % of all 298 surveyed opiate users stated that they used opiates every day. 197 or 68.4 % of all 288 heroin users stated that they used heroin every day, and 28 (9.7 %) heroin users stated that they had not used heroin within one month prior to the survey.

629 or 85.3 % of all male users used heroin as their main drug. 361 (57.4%) used heroin every day, and 109 (17.3 %) had not used heroin within one month prior to the survey. Among the male users who entered a programme for the first time, 231 used heroin as their main drug, and 157 or 68 % of them used heroin every day.

149 women or 83.2 % of all surveyed female drug users used heroin as their main drug; 87 or 58.4 % of them used heroin every day. Among the female users who entered a programme for the first time, 55 used heroin as their main drug. 40 or 72.7 % of them used heroin every day – Figure 5.4.

Figure 5.4: *Frequency of taking the main drug, by sex, Slovenia 2009*



Source: National Institute of Public Health, 2010

5.5 Trends in proportions of drug users in treatment

Changes in proportions of persons who sought help in CPTDAs again or for the first time

Persons who sought help in Centres for the Prevention and Treatment of Drug Addiction again or for the first time between 2005 and 2009 due to heroin use problems represent the largest proportion of drug users seeking treatment. This proportion was largest in 2007 (93.6 %), and it fell sharply in 2009 (to 84.9 %). This fall occurred mainly because more cocaine users sought help that year; the proportion of people seeking help due to cocaine rose to 4.6 % in 2009, while it was only 1.3 % in 2008. The proportion of people who had problems with cannabis fell gradually from 5.7 % in 2005 to 3.1 % in 2008. However, the proportion of cannabis users rose to 6.4 % in 2009. The proportion of benzodiazepine users also kept falling gradually until 2008, but rose to 0.9 % in 2009 (Table 5.3).

Table 5.3: *Changes in proportions of drug users among persons who sought help again or for the first time in CPTDAs, by main drug, Slovenia 2009*

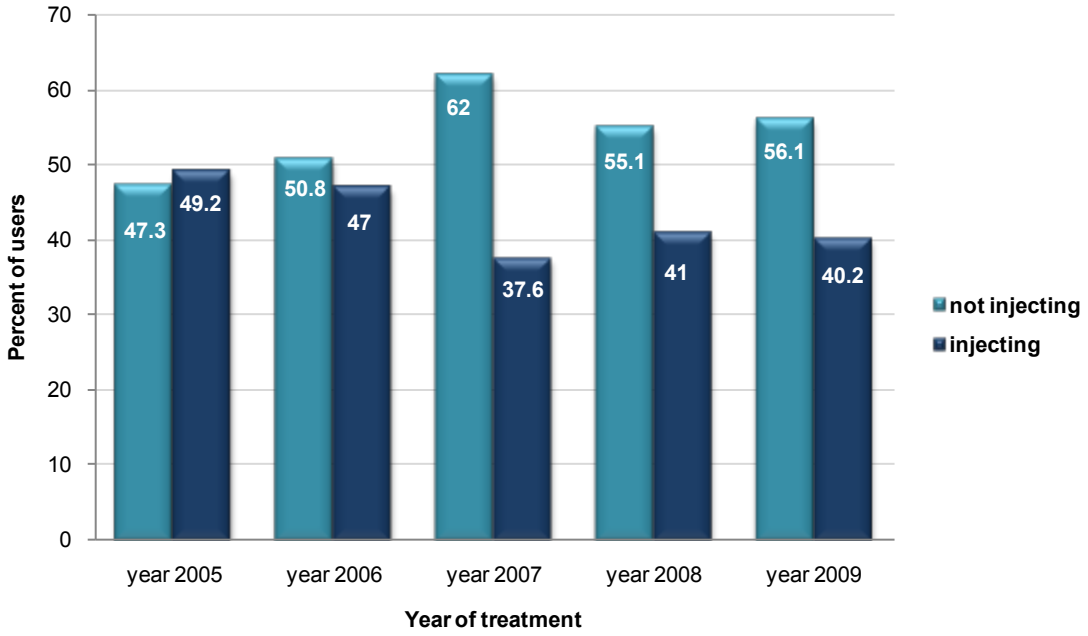
	2005	2006	2007	2008	2009	Total
Heroin	90.1	92.4	93.6	91	84.9	**90.4**
Methadone, not prescribed	0.8	0.5	1.5	0.6	1.9	**1**
Other opioids	0.3	0.2	0.3	0.1	0.3	**0.2**
Cocaine	1.4	0.8	0.9	1.3	4.6	**1.8**
Amphetamines	0.2	0.2	0	0	0.4	**0.2**
MDMA and other synthetic derivatives	0.5	0.2	0.1	0.3	0.1	**0.2**
Benzodiazepines, sedatives	0.5	0.2	0.1	0.1	0.9	**0.4**
Inhalation of volatile substances	0	0.2	0	0	0	**0**
Cannabis	5.7	5	3	3.1	6.4	**4.7**
Unknown	0.6	0.6	0.4	3.3	0.3	**1**
Total	**100**	**100**	**100**	**100**	**100**	**100**

Source: National Institute of Public Health, 2010

High-risk behaviour – intravenous use of drugs

Due to high-risk behaviour, i.e. intravenous drug use, drug users are at a greater risk of HIV, hepatitis B and hepatitis C infections. Between 2005 and 2007 we saw a decline in the proportion of persons who had used drugs intravenously within the past 30 days. However, between 2007 and 2008 this proportion rose from 37.6 % to 41 %. The proportion of persons who entered a treatment programme again or for the first time in 2009 and had injected drugs within the past 30 days was 40.2 %, which shows that it stayed approximately the same between 2008 and 2009 (Figure 5.5). This information is different among those who entered a programme for the first time (Table 5.4), as 29.1 % of them used drugs intravenously within the past 30 days.

Figure 5.5: *Percentages of people who entered a programme again or for the first time in an individual year, by the way of taking drugs within the past 30 days, Slovenia 2009*



Source: National Institute of Public Health, 2010

*Note: cases with answers 'Unknown' have been omitted from the graph

Table 5.4: *High-risk behaviour among persons treated for the first time, by sex, Slovenia 2009*

High-risk behaviour (in %)	Men	Women	Total
Currently injecting (last 30 days)	27.9	33.7	**29.1**
Ever injected, but not currently	17.8	18.9	**18**
Never injected	49.8	43.2	**48.5**

Source: National Institute of Public Health, 2010

*Note: cases with answers 'Unknown' have been omitted from the table

Changes in proportions of persons who sought help in CPTDAs again or for the first time, by social category

Table 5.5. shows that the majority of drug users who enter a treatment programme again or for the first time are still unemployed. Between 2005 and 2008 the percentage of unemployed drug users dropped slightly – from 60.6 % in 2005 to 54.8 % in 2008. However, the trend reversed in 2009, and the percentage of unemployed was 62.5 % in 2009. The situation among pupils and students is similar: between 2005 and 2008 the percentage of this population dropped from 13.9 % in 2005 to 6.3 % in 2008, but the trend reversed in 2009. The percentage of pupils and students among programme users was 9 % in 2009. There was also a change in the proportion of employed users: it rose gradually between 2005 (20.5 %) and 2008 (25.2 %), but it dropped to 22.5 % in 2009 (Table 5.5).

Table 5.5: *Changes in the proportions of employed, unemployed and students in years 2005 -2009, Slovenia 2009*

	2005	2006	2007	2008	2009	Total
Regularly employed	20.5	21.8	24.7	25.2	22.5	**22.9**
Pupil, student	13.9	11.1	9.3	6.3	9	**9.9**
Economically inactive	0.2	0.6	0.4	0.6	0.6	**0.5**
Unemployed/ occasional work	60.6	62.3	56.9	54.8	62.5	**60**
Other	4.4	3.7	6.5	5.1	2	**4.3**
Unknown	0.5	0.6	2.2	8.1	3.2	**2.9**
Total	**100**	**100**	**100**	**100**	**100**	**100**

Source: National Institute of Public Health, 2010

Educational levels of persons who sought help again or for the first time in CPTDAs improved gradually between 2005 and 2008. This trend continued in 2009, and there were fewer people who had not completed primary education. The proportion of persons who had completed primary education remained approximately the same as in 2008, but the proportion of persons who had completed secondary or higher education is still increasing (Table 5.6).

Table 5.6: *Proportions of people who entered a CPTDA programme again or for the first time between 2005 and 2009, by level of education, Slovenia 2009*

	2005	2006	2007	2008	2009	Total
Primary education not completed	3.5	3.7	3	1.9	1.7	**2.8**
Primary education	45	42.2	37.2	35.1	35.7	**39**
Secondary education	47	51.4	55.6	45.1	51.7	**50.2**
Higher education	1.7	2.1	1.7	1.2	2.9	**1.9**
Other	1.4			7.5	7.8	**3.3**
Total	**100**	**100**	**100**	**100**	**100**	**100**

Source: Institute of Public Health, 2010

* Note: cases with answers 'Unknown' have been omitted from the table

5.6 Conclusion

In 2009 we collected 916 TDI questionnaires completed by CPTDA programme users. In this way we recorded data on 916 persons who entered a CPTDA treatment programme again or for the first time in 2009. 371 persons entered a programme for the first time and 511 persons entered again (there were 34 persons with unknown information concerning their entry). Table 5.7. shows some of the characteristics of drug users who entered a treatment programme in 2009.

Table 5.7: *Characteristics of drug users, by type of entry (entered again or for the first time), Slovenia 2009*

	Treated for the first time	All persons treated
Average age at entry into treatment (in years)	26.9	28.4
Seeking help due to heroin	77.6 %	84.9 %
Average age during first use of main drug (in years)	20,4	19,6
Using the main drug every day	68.4 %	57.6 %
Has not used the main drug within past month	9.7 %	17.6 %

Source: National Institute of Public Health, 2010

It is clear that the most common main drug, for which users sought help and entered a CPTDA programme again or for the first time in 2009, was heroin (this holds true for 84.9 % of cases). This shows that the proportion of persons who entered a programme due to problems with heroin was on the decline. The most common additional drug was cocaine (47.7 %). The proportion of users who sought help due to cocaine use was 4.6 %, which is significantly higher than in previous years. 6.4 % of users sought help due to cannabis addiction. Most persons who used heroin as their main drug used it every day, and more than half of them used it intravenously. The vast majority of programme users entered the programme when they were unemployed or carried out occasional work. The information shows that the proportion of employed programme users is decreasing, which means that the trend reversed in 2009. It is also clear that the proportion of pupils or students among programme users is increasing, and so is the proportion of users who have completed secondary or higher education. The proportion of homeless users is also increasing, especially among female users who entered treatment for the first time.

6. Health correlates and consequences

6.1 Introduction

The prevalence of HIV, HCV and HBV infection among IDUs is monitored by collecting data about voluntary diagnostic HIV, HBV and HCV testing within the national network of Centres for the Prevention and Treatment of Illicit Drug Users whose coverage is nationwide. In addition, unlinked anonymous HIV testing of injecting drug users at first treatment demand is conducted for HIV surveillance purposes. In addition, the Institute of Public Health of the Republic of Slovenia collects information on newly diagnosed cases of HIV, HBV, and HCV infections, which may include information on transmission routes. All three diagnoses should be notified according to the Infectious Diseases Act.

The analyses of drug-related deaths are made on the basis of the data from the General Mortality Register at the National Institute of Public Health of the RS.

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

Introduction

Drug-related infectious diseases among injecting drug users (IDUs) are an important challenge to public health. Such diseases include HIV, hepatitis C virus (HCV) and hepatitis B virus (HBV) infection as well as some other serious diseases. As HIV, and to a lesser extent HBV and HCV, can be transmitted by sexual intercourse, there is a potential for spread via unprotected intercourse to the sexual partners of IDUs as well to the sexually active general population that does not inject illicit drugs. All three infections are also transmitted vertically (from mother to child) and, in addition, represent a risk for nosocomial transmission (transmission in a health care setting, if precautions for prevention are not adhered to). Hepatitis B infection can be prevented by vaccination. The potential vaccination population includes IDUs and other groups who may be at risk of infection through coming into contact with contaminated blood or body fluids as well as groups at high risk of transmission through unsafe sex, or even the entire general population. In contrast, vaccination against HIV and HCV infection is unlikely to be available in the near future. Thus, prevention mostly depends on preventing high-risk behaviour and encouraging behavioural change.

In this chapter we present available information about HIV, HBV and HCV infection among IDUs in Slovenia for the period from 2005 to 2009.

Methods

The prevalence of HIV, HCV and HBV infection among IDUs is monitored by collecting data about voluntary diagnostic HIV, HBV and HCV testing within the national network of Centres for the Prevention and Treatment of Illicit Drug Users whose coverage is nationwide. In addition, unlinked anonymous HIV testing of injecting drug users at first treatment demand is conducted for HIV surveillance purposes in the biggest Centre for Prevention and Treatment of Illicit Drug Users in Ljubljana. Recently three NGO harm reduction programmes have also been included in the system, AIDS Fundation Robert - needle exchange programme in Ljubljana (only in 2003), STIGMA - needle exchange programme in Ljubljana (since 2005), and SVIT - needle exchange programme in Koper (since 2004). Detailed methods have been

published previously (Klavs and Poljak 2003). In brief, saliva specimens are continuously voluntarily obtained from IDUs entering into treatment at the Centre for prevention and Treatment of Illicit Drug Use in Ljubljana and from IDUs at two needle exchange programmes.

In addition, the Institute of Public Health of the Republic of Slovenia collects information on newly diagnosed cases of HIV, HBV, and HCV infections, which may include information on transmission routes. All three diagnoses should be notified according to the Infectious Diseases Act. Nearly 100% of newly diagnosed HIV infection cases reported contain information on probable the transmission route. In contrast, information on transmission routes (e.g. IDUs) is only available for a minority of reported HBV and HCV cases. Surveillance reports that include information about communicable diseases case reporting are published annually (Klavs et al. 2009; IVZ 2009).

Results

HIV infection

According to all available surveillance information, the rapid spread of HIV infection has not started yet among injecting drug users (IDUs) in Slovenia.

During the period from 2005 to 2008, HIV prevalence among IDUs confidentially-tested during treatment in the network of Centres for the Prevention and Treatment of Illicit Drug Users consistently remained below 1%, but rose to 1.3% in 2009. During the same period, among a total of 863 saliva specimens collected for unlinked anonymous testing for surveillance purposes at three different sentinel sites, not a single specimen was positive for HIV antibodies (Table 6.1).

Table 6.1: *Proportion of HIV infected among injecting drug users, Slovenia, 2005-2009*

	Year	Number of sentinel sites	Number of tested		Number of HIV infected		% HIV infected	
			Male	Female	Male	Female	Male	Female
IDU	2005	3	137	57	0	0	0 %	0 %
	2006	3	125	35	0	0	0 %	0 %
	2007	3	130	44	0	0	0 %	0 %
	2008	3	142	34	0	0	0 %	0 %
	2009	3	127	32	0	0	0%	0%

Source: National Institute of Public Health

In the last five years, from 2005 to 2009, there was not a single reported case of a new HIV diagnosis with a history of IDU. The last HIV infection in an IDU was diagnosed and reported to the National Institute of Public Health of the Republic of Slovenia in 2001. However, since 1986, when the national HIV surveillance, based on mandatory notification of all diagnosed HIV infection cases was initiated, a cumulative total of 13 new HIV diagnoses were reported among IDU.

HBV

The prevalence of antibodies against hepatitis B virus (HBV; anti-HBc) among confidentially-tested IDUs treated within the network of Centers for The Prevention and Treatment of Illicit Drug Users in the year 2009 was 5.4%. During the period from 2005 to 2009, the prevalence ranged from the highest 5.6% in 2006 to the lowest 3.6% in 2007.

The reported acute and chronic HBV infection incidence rate in the Slovenian population in the year 2009 was 2.1/100,000 population. During the period from 2005 to 2009, the reported incidence rate ranged from the 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 greatly underestimate the burden of this infection.

HCV

The prevalence of antibodies against hepatitis C virus (HCV) among confidentially-tested IDUs treated within the network of Centers for The Prevention and Treatment of Illicit Drug Users in the year 2009 was 23.4%. During the period from 2005 to 2009, the prevalence ranged from the highest 23.4% in 2005 and 2009 to the lowest 21.8% in 2007.

The reported acute and chronic HCV infection incidence rate in the Slovenian population in the year 2009 was 5.4/100,000 population. During the period from 2005 to 2009, the reported incidence rate ranged from the the highest 7.2/100,000 population in 2005 to the lowest 4.1/100,000 population in 2008. Due to underreporting, HCV reported incidence rates greatly underestimate the burden of this infection.

Discussion

The strengths of prevalence monitoring of HIV, HCV and HBV infection among IDUs in treatment in Centers for The Prevention and Treatment of Illicit Drug Users are the nationwide coverage and sustainability of such a surveillance system.

The strength of HIV, HBV, and HCV reported incidence monitoring is its nationwide coverage. In contrast to relatively reliable AIDS reported incidence data, the information about reported newly diagnosed HIV infection cases among IDUs can not reliably reflect HIV incidence. However, the notification of diagnosed HIV cases is believed to be complete and HIV incidence among IDUs to be very low. Also, close to 100% of HIV infection cases reported to the National Institute of Public Health contain information on probable transmission route. Thus, any underestimation of HIV infection incidence among IDUs is only due to possible late diagnosis. In contrast, due to underreporting of diagnosed cases, HBV and HCV reported incidence rates are much less reliable and underestimate the true burden of diagnosed infections in this population. Also, information on transmission routes (e.g. IDUs) is only available for a minority of reported HBV and HCV cases.

6.3 Drug related deaths and mortality of drug users

Drug-related mortality in Slovenia in 2008 and 2009 *prepared by Jožica Šelb Šemrl*

Introduction

The mortality of drug users is a public health problem, posing ethical, social and economic questions to society. Drug use is classified as self-destructive behaviour, for which the drug user alone is not responsible; drug use and drug related mortality represent complex phenomena. Drug use and the resulting consequences are determined by factors in the individual himself, and his or her life conditions and social, psychological and cultural grounds prior to starting drug use, as well as during the period of use, whereby facts occurring after treatment of acute drug poisoning and family issues following the death of a drug user should not be overlooked.

To reduce the harm caused by drug-related morbidity and mortality, it is necessary to know the aforementioned factors, size of the phenomenon and its epidemiologic characteristics, as well as monitoring the phenomenon.

The analysis of mortality related to illegal drugs will present the number of deaths in Slovenia in 2008 and 2009 due to the direct effects of drugs on the body, trend in numbers in the period from 2004 to 2009, and first results of the cohort study.

Work methods

Direct drug-related deaths

Since 2002, the National Institute of Public Health of the Republic of Slovenia (NIPH RS) has started to monitor drug-related deaths and the mortality of drug users in Slovenia within the framework of the Phare Twinning project. The methodology for monitoring was recommended by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon. Related information was collected from the General Mortality Register (GMR), run by the NIPH RS, special registers of the General Police Office (GPO) of Slovenia, and the Institute for Forensic Medicine (IFM) at the Faculty of Medicine at the University of Ljubljana., For each year in the period from 2003 to 2007 two special databases on deaths were compiled by combining all three types of data:

- database of direct deaths, meaning the underlying causes of death, are deaths caused by the direct effect of illegal drugs on the body,;
- database of indirect deaths, where the effects of the drugs represent the associated causes of death, are deaths caused by the indirect effects of illegal drugs on health,

Data collected in the described manner was reported from Slovenia to the EMCDDA in the period from 2003-2007. In 2009, it was decided that including 2007 data and onwards, only the data registered in the General Mortality Register (GMR), will be reported on the standard tables to the EMCDDA.

In 2008 and 2009 the National report on DRD was made on the basis of the data used from the GMR, which listed the primary cause of death. Consequently, only the direct drug-related deaths were extracted, whereas the indirect deaths were lost, as the data from the GMR were no longer linked with the data of the GPO and the IFM. Indicators calculated from indirect deaths have also been lost.

Also the indicators assessing trends, for the period from 2004 to 2009 were only direct death indicators calculated per 1000 inhabitants. The primary causes of death were, as for the years from 2003 to 2007, listed according to the codes demanded by the EMCDDA. Only the codes with value 1 in the Filter B variable were chosen.

Cohort study

The gap in the indirect causes of death, which occurred from 2007 on, was filled in partly by data on the deceased in the cohort study, where both direct and indirect deaths of persons included in the study occurred. These deaths represent only the deaths within the selected population of treated drug users, the number and causes of indirect deaths of drug users who did not participate in the drug addiction treating centres (hereinafter referred to as: centres) remain unknown.

The persons included in the cohort were users of illegal drugs who were for the first time or repeatedly recorded at the centres in Slovenia in the period from 2004 to 2006. Their data was stored in the Record of treatment of drug addicts (hereinafter referred to as: database on drugs). The database on drugs includes all types of treatments (first-time, repeated and long-term treatment) from 17 reporting centres which have submitted the data in this period. Due to a different type of treatment, the records of persons treated at the University Clinic for Mental Health (hospital unit) were excluded from the monitoring (a total of 382 records).

The cohort study on deceased drug users who underwent treatment at the centres required the linkage of databases with records on drug users treated in 2004, 2005 and 2006 with the data on the deceased in the corresponding years. In the first step of linkage, a new code was given on the basis of the SAUNDEX index, date of birth and sex to all records of treated persons. Then it was established whether the data under the same new code, repeated two or more times, belonged to the same person. Reducing the double or multiple identical records to one record, the number of first records in an individual year represented the number of persons. In the second step, the SAUNDEX index was composed for all the deceased in the period from 2004 to 2006 .On the basis of the SOUNDEX index, date of birth and sex, once again a new code, in the same manner as for the treated persons, was formed for the deceased. By combining the new codes from both databases, we acquired a third database, on persons who comprised the cohort of alive and deceased members of a cohort. The latter database was used to calculate the mortality and causes of death in the cohort.

In the end, another database was formed on drug users who were not treated and died due to direct or indirect deaths, the deceased in the cohort were added. This database represented all deceased drug users in the period from 2004 to 2006.

The mortality rates were calculated per 1,000 persons/years of the corresponding population; to standardize mortality according to age, we used the European standard population. The surplus proportion of mortality among drug users means the mortality proportion of drug users recorded in the cohort opposed to the Slovenian male and female population of the same age.

Results

Direct illicit drug-related deaths in Slovenia in 2008

In 2008, there were 37 direct drugs-related deaths. 29 of the deceased were male and 8 female, which means a ratio of 4:1 in favour of females.

Table 6.2: *Number of direct drug-related deaths by age group and sex, Slovenia 2008*

Age group	Sex		Total
	Male	Female	
< 15 years			
15–19	1	1	**2**
20–24	5	1	**6**
25–29	6	2	**8**
30–34	2	2	**4**
35–39	4	1	**5**
40–44	3		**3**
45–49	4		**4**
50–54	4		**4**
55–59			
60–64			
65 >		1	**1**
Total	**29**	**8**	**37**

Source: National Institute of Public Health, General Mortality Register 2008

Fifty percent of males who died due to the direct effects of drugs in the body were younger than 35 and a half years at the time of death; fifty percent of females were younger than 30 and a half years. All deceased females except one were 15 or more years younger than the oldest deceased male. The youngest deceased male was 17.5 years old, the youngest female was just under 19.

All deaths described above were also deaths described under the value 1 in the Filter B variable. Therefore, both parameters, namely the distribution according to sex and age, were equal in both cases.

Table 6.3: *Number of deceased males and females according to the type of drug used at the time of death, Slovenia 2008*

Drug	Sex		Total
	Male	Female	
F13.2 – Addiction due to the use of sedatives and hypnotics		1	**1**
T40.1 – Heroin	15	5	**20**
T40.2 – Other opioids	3	1	**4**
T40.3 – Methadone	7	1	**8**
T40.5 – Cocaine	4		**4**
Total	**29**	**8**	**37**

Source: National Institute of Public Health, General Mortality Register 2008

Males were prevalent among the deceased. Over half of the poisonings were caused by heroin. Heroin was followed by methadone, which caused one quarter of all deaths, the remaining quarter of deaths were caused by other opioids and cocaine.

Table 6.4*: Number of deceased males and females according to the external cause and type of drug, Slovenia 2008*

External cause/drugs	Accidental poisoning X420–X429		Suicide X620		Undetermined cause Y12		Total poisonings	
Sex	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**
F192		1						**1**
Heroin – T401	14	3			1	2	**15**	**5**
Other opioids – T402	3	1					**3**	**1**
Methadone – T403	6		1			1	**7**	**1**
Cocaine – T405	3				1		**4**	
Total	**26**	**5**	**1**		**2**	**3**	**29**	**8**

Source: National Institute of Public Health, General Mortality Register

Six out of seven drug poisonings occurred by accident. In the other cases it has not been determined whether the death was intentional or accidental; the register included only one suicide, committed by using methadone.

Direct illicit drug-related deaths in Slovenia in 2009

In 2009, there were 28 direct illicit drug-related deaths. 25 out of 28 deceased were male and 3 were female, which means a ratio of 8:1 in favour of females.

Table 6.5: *Number of direct illegal drugs-related deaths according to age group and sex, Slovenia 2009*

Age group	Sex		Total
	Male	Female	
< 15 years			
15–19			
20–24	7	1	**8**
25–29	5	1	**6**
30–34	3	1	**4**
35–39	3		**3**
40–44	3		**3**
45–49			
50–54			
55–59	4		**4**
60–64			
65 >			
Total	**25**	**3**	**25**

Source: National Institute of Public Health, General Mortality Register 2009

In 2009, the number of males who died due to drugs was again higher than the number of females. Fifty percent of male victims of direct drug-related deaths were under 35.5 years of age, the females were 23.7, 25.2 and 27.7 years old. The deceased females were again, as in 2008, considerably younger than the deceased males. The youngest male was 22.2, and the oldest was 58.0 years old.

All deaths described above were also the deaths described under value 1 in the Filter B variable.

Table 6.6: *Type of drug used according to sex, Slovenia 2009*

Drug	Sex		Total
	Male	Female	
T40.1 – Heroin	19	2	**21**
T40.2 – Other opioids	1		**1**
T40.3 – Methadone	5	1	**6**
Total	**25**	**3**	**28**

Source: National Institute of Public Health, General Mortality Register 2009

The drug with which the users poisoned themselves was heroin in three quarters of the cases. The ratio between males and females was 9:1. Heroin was followed by methadone, which caused one quarter of all deaths, among them one female death. Only one person – a male, died of a poisoning with other opioids. Deaths caused by other illegal drugs were not recorded.

Table 6.7: *Number of drug users according to external cause of death and type of drug used, Slovenia 2009*

External cause/drugs	Accidental poisoning X420–X429		Suicide X620		Total poisonings	
Sex	**M**	**F**	**M**	**F**	**M**	**F**
Heroin – T401	17	2			**19**	**2**
Other opioids – T402	1	0			**1**	**0**
Methadone – T403	4	1	1		**5**	**1**
Total	**24**	**3**	**1**		**25**	**3**

M – male, F - female

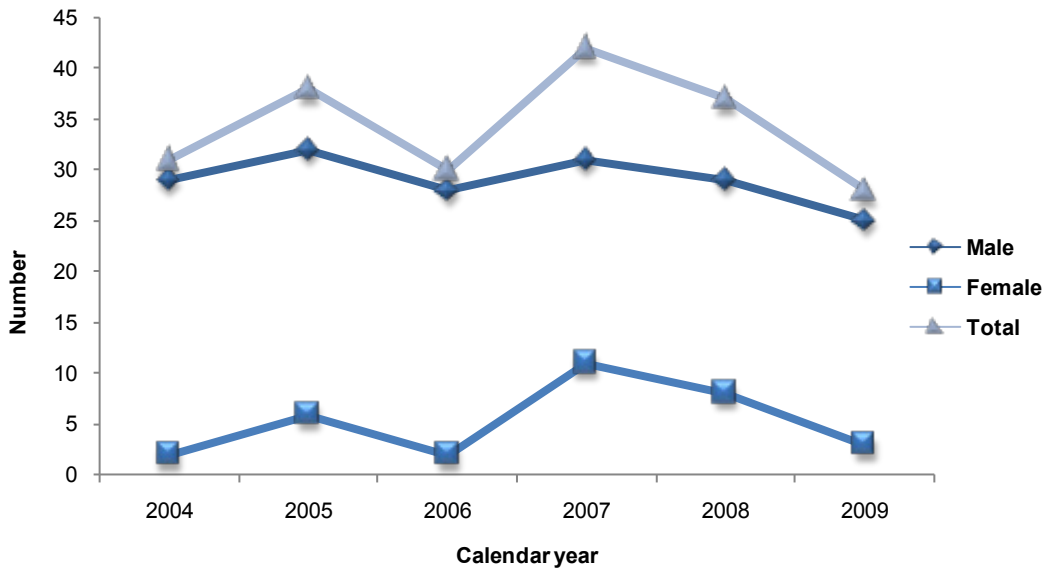
Source: National Institute of Public Health, General Mortality Register 2009

All poisonings among males and females were accidental, only one male committed suicide, he poisoned himself with methadone.

Direct illicit drugs-related deaths in the period from 2004 to 2009

In the period from 2004 to 2009, according to the General Mortality Register, 206 persons died due to the direct effects of illicit drugs in Slovenia. This means 6,733 years lost due to death prior to 65 years of age or 1,122 years lost in one year. The ratio between males and females was approximately 5 : 1 in favour of females.

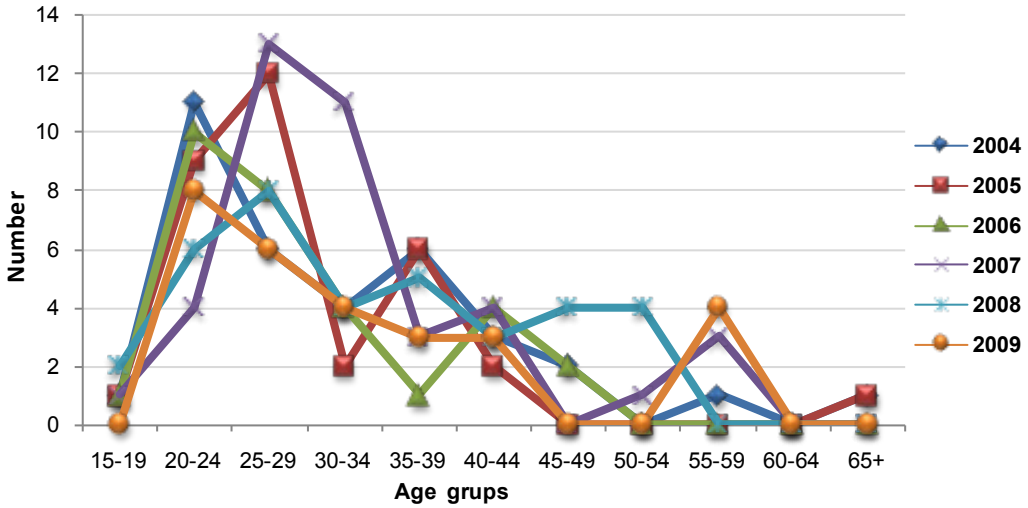
Figure 6.1: *Trend in direct drug-related deaths in Slovenia in the period from 2004 to 2009, according to sex.*



Source: National Institute of Public Health, General Mortality Registers 2004-2009

In the observed period, the number of drug-related deaths was increasing until 2007, when the trend peaked, after 2007, the number started to decline (R^2 = 0.3721). In this period, the mortality was decreasing in males (R^2 = 0.6112) and slightly increasing in females (R^2 = 0.3021). In one calendar year, there were 21 to 27 more deaths in males than in females.

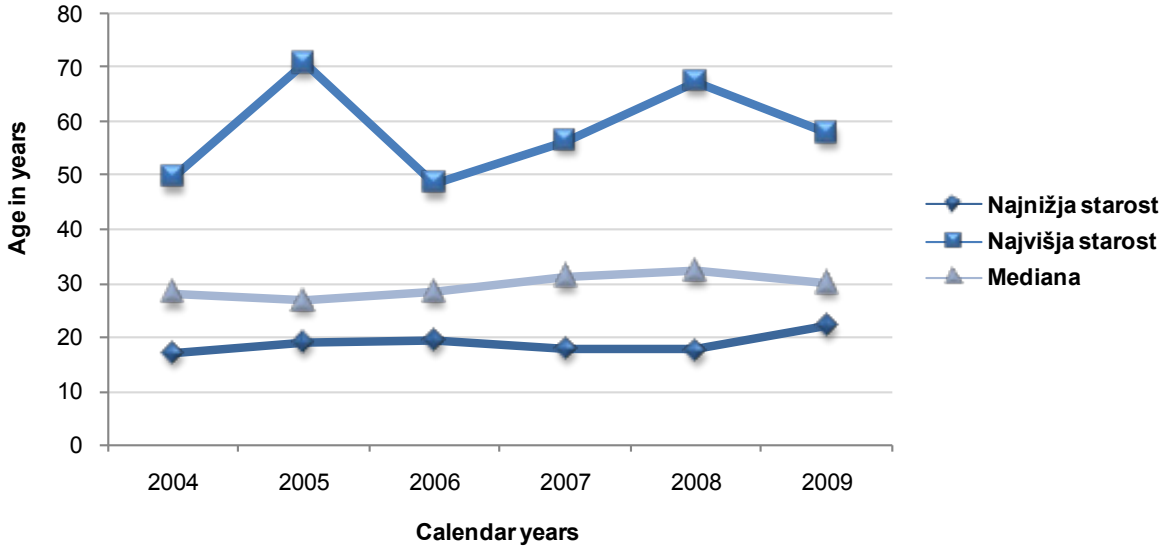
Figure 6.2: *Trend in direct opioids and cocaine-related deaths (T400-T406), according to 5-year age groups, Slovenia 2004-2008*



Source: National Institute of Public Health, General Mortality Registers 2004-2009

The highest number of opioids and cocaine-related deaths occurred in 2007 and 2008, and declined in 2009 after it was increasing in the years up to 2007. In all of the years observed, the highest number of direct deaths occurred in persons from 20 to 29 years of age.

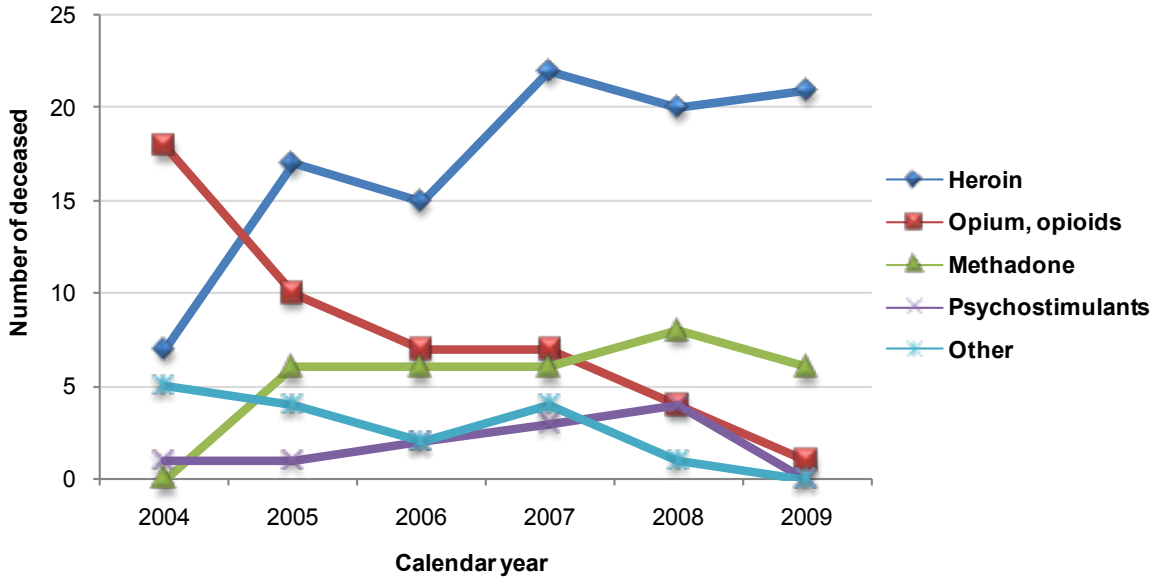
Figure 6.3: *Trend in the median age of death, the highest and the lowest age of death in drug-related deaths victims in Slovenia in the period from 2004 to 2009*



Source: National Institute of Public Health, General Mortality Registers 2004-2009

The highest age of death was from 49 to 71 years, the median rose slightly between the 27th and 32nd year (R^2 = 0.5016); among the deceased persons the youngest ones were from 17 to 22 years of age.

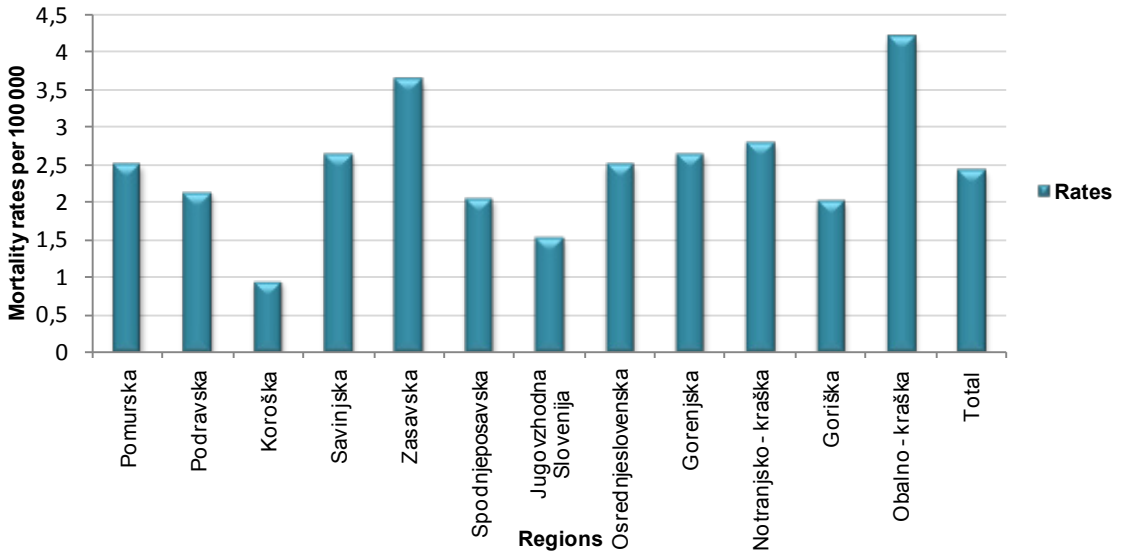
Figure 6.4: *Trend in the number of poisonings according to the type of narcotics, Slovenia 2004-2009.*



Source: National Institute of Public Health, General Mortality Registers 2004-2009

In the observed period, 50 percent of deaths occurred due to heroin poisoning, 22 due to opium and opioid poisoning, 15 due to methadone, 4 due to cocaine, 1 due to abuse of psychostimulants and the remaining 7 percent due to other illegal drugs. The number of deaths related to heroin, methadone and psychostimulants was increasing.

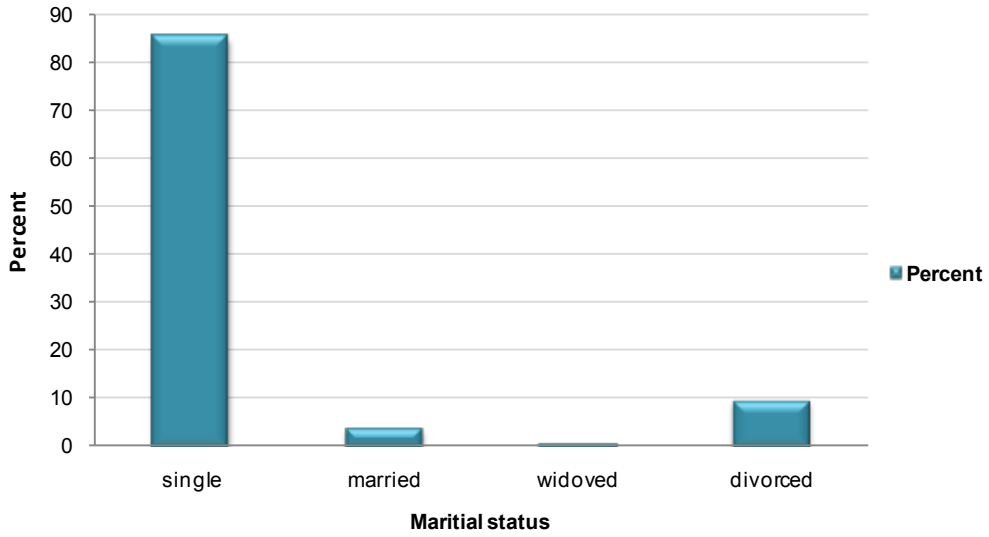
Figure 6.5: *Average annual illicit drugs-related mortality rates in residents from 15 to 64 years of age in Slovenia, in the period from 2004 to 2009, according to statistical regions.*



Source: National Institute of Public Health, General Mortality Registers 2004-2009

The highest mortality rates in relation to the Slovenian average occurred in the Coastal-Karst and the Central Slovenia regions. The mortality rate in the former was above the Slovenian average by 72 percent and in the latter by 49 percent. The mortality was the lowest in the regions of Carinthia and Southeast Slovenia, the mortality in the former was below the Slovenian average by 60 % and in the latter by 37 %.

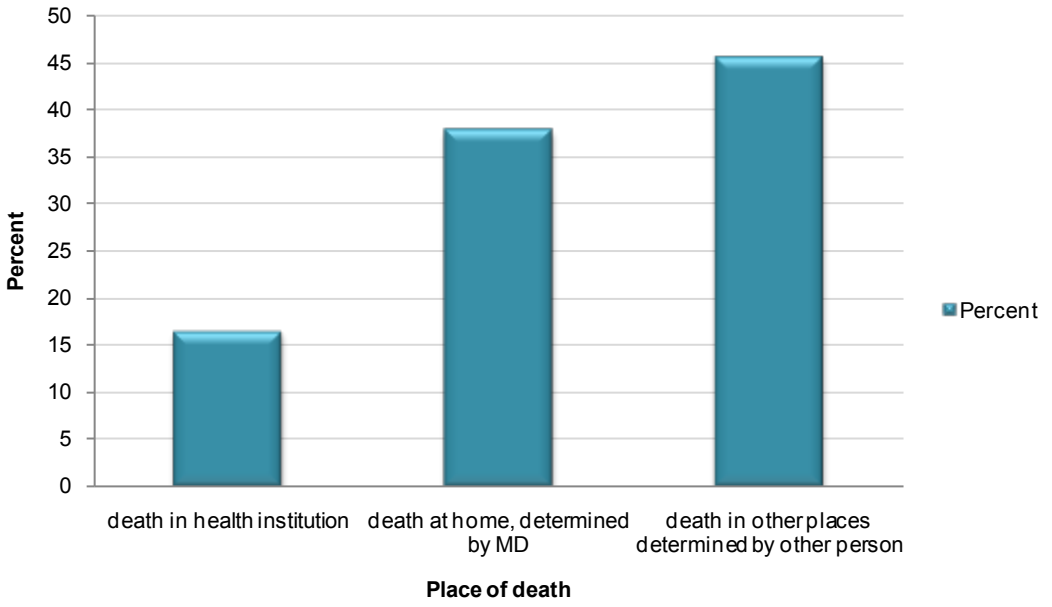
Figure 6.6: *Proportions of deceased due to drugs according to their marital status, Slovenia 2004-2009*



Source: National Institute of Public Health, General Mortality Registers 2004-2009

The vast majority of persons who died due to drugs were single, one tenth were divorced, a negligible percentage were married or widowed.

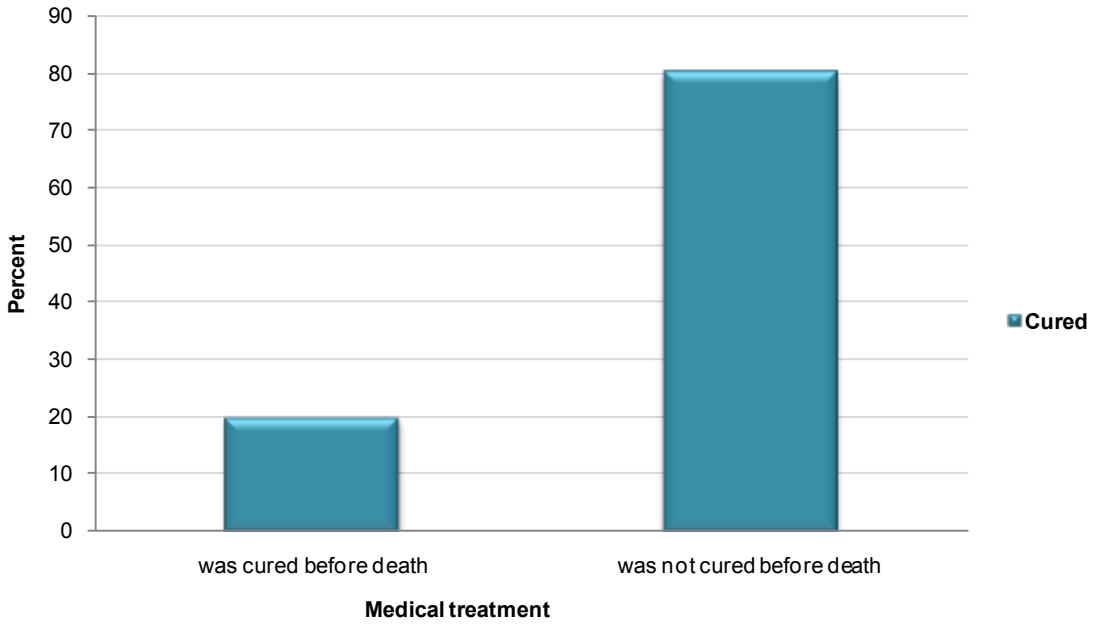
Figure 6.7: *Place of death of the deceased, Slovenia 2004-2009*



Source: National Institute of Public Health, General Mortality Registers 2004-2009

According to the data from the GMR at IPH RS, less than half of illegal drugs victims died outside their place of residence, less than one fifth died at home, and 15 % died in medical institutions.

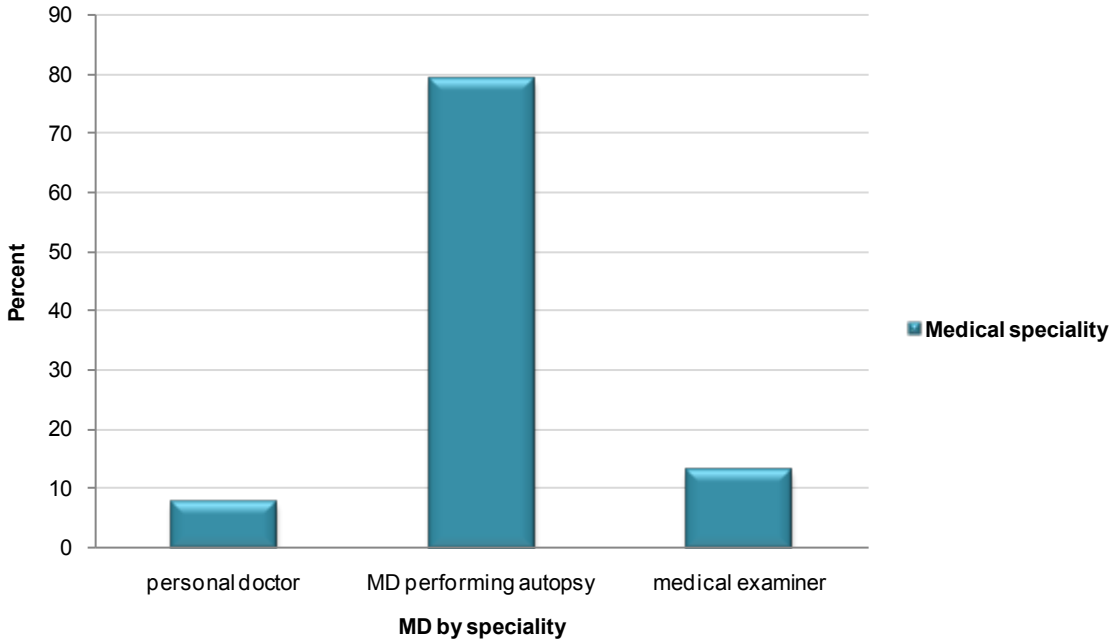
Figure 6.8: *Treatment of deceased due to drugs, Slovenia 2004–2010*



Source: National Institute of Public Health, General Mortality Registers 2004-2009

The majority of deceased illicit drugs use victims who had been treated before death were those who died in medical institutions, and only 1/8 of those who died at home were treated.

Figure 6.9: *Type of medical doctor who filled in the data in the medical death certificate and cause of death report, Slovenia 2004-2009*



Source: National Institute of Public Health, General Mortality Registers 2004-2009

The majority of medical death certificates were filled in by doctors who performed the autopsy on the deceased person, and not by the personal doctor or medical examiner - coroner.

Cohort study

The cohort study included 6,482 records of persons who were treated at centres for treating drug addiction in Slovenia in the period from 2004 to 2006. From these records, 3,950 individuals were identified, of whom 69 died in 8,546.7 human years.

Table 6.8: *Number of deceased drug users in Slovenia in the period from 2004 to 2006; treated and not treated at centres for treating drug addiction*

Year	Deceased users treated	Deceased users not treated	All deceased users
2004	14	55	69
2005	27	47	74
2006	28	49	77
Total	**69**	**151**	**220**

Source: National Institute of Public Health, General Mortality Registers 2004-2006, GPO data, IFM data

Less than one third of all deceased drug users were registered as treated at centres for treating drug addiction.

Table 6.9: *Mortality rates of illicit drug users aged 15 to 54 years, included in the cohort per 1,000 person years, in Slovenia, period 2004 to 2006.*

Sex/Age	Males		Females		Total	
	Drug users	All males	Drug users	All females	All drug users	Total population
Mortality/1,000	9.94	2.64	2.39	3.09	**8.09**	**1.88**
Mortality, standardized to the European population	16.94	2.54	16.41	2.98	**16.10**	**1.82**
Excessive proportion of mortality in drug users	277 %		-23 %		**330 %**	

Source: National Institute of Public Health, General Mortality Registers 2004-2009

The mortality of drug users treated at centres for treating drug addiction was over three times as high as the mortality of the Slovene population of the same age. In men, mortality was slightly lower for both sexes; the percentage of women was unreliable.

Table 6.10: *Proportions of causes of death in deceased inhabitants of Slovenia from 15 to 55 years of age, as compared to the proportions of causes of death in the cohort of illegal drugs users of the same ages.*

Causes of death	Proportions of deceased users of illegal drugs	Proportions of deceased in the Slovenian population
Infectious and parasitic diseases	2.9	0.7
Neoplasm	2.9	30.3
Diseases of the circulatory system	1.5	17.3
Diseases of the respiratory system	1.5	1.9
Diseases of the digestive system	7.2	9.5
External causes	84.0	30.0
Total	**100.0**	**89.7**

Source: National Institute of Public Health, General Mortality Registers 2004-2009

Fewer than one fifth of deaths among the deceased in the cohort were natural deaths, all other deaths were violent. Users of illegal drugs died in higher proportions than other inhabitants of Slovenia from infectious and parasitic diseases and violent deaths.

Table 6.11: *Proportions of violent deaths of the cohort members compared to violent deaths in deceased inhabitants of Slovenia, aged 15 to 55, Slovenia 2004-2009*

Causes of death	Proportions of deceased users of illegal drugs	Proportions of deceased in the Slovenian population
Transport accidents	10.1	29.9
Suffocation	1.5	1.2
Accidental poisoning	8.7	2.4
Suicide	27.5	42.8
Attack	4.3	3.0
Undetermined intent	29.0	7.1
Total	**84.1**	**86.4**

Source: National Institute of Public Health, General Mortality Registers 2004-2009

Among the cohort members, the most common deaths were those for which it was unclear whether they represented consequences of suicides or accidents, this group was followed by confirmed suicides and then by transport accidents. Proportions of accidental poisonings, attacks and deaths of undetermined intent were higher in cohort members than the proportions in the Slovenian population of the same age.

Table 6.12: *Causes of death among treated drug users, as compared to the causes of death among the other users of illegal drugs, Slovenia 2004-2006*

	Number of treated persons	Number of untreated persons	Total
Males	64	99	**163**
Females	5	35	**40**
Median age at time of death	Males 29.8 Females 35.5 Total 30.1	Males 28.1 Females 36.5 Total 29.2	**Males 28.8** **Females 36.0** **Total 39.9**
Mental disorders	5	3	**9**
Cardiovascular diseases	2	4	**7**
Respiratory diseases	1	1	**2**
Diseases of the digestive system	5	0	**5**
Cause unknown	1	0	**1**
Transport accidents	7	9	**16**
Other accidents	1	1	**2**
Poisonings	6	27	**33**
Suicides	19	42	**61**
Attacks	3	6	**9**
Purpose undetermined	19	44	**63**
Complications in treatment	1	0	**1**

Source: National Institute of Public Health

Among deaths, the most common were those where it was unclear whether or not they were caused intentionally; such deaths accounted for 31 %. They were followed by deaths due to suicides, which accounted for 30 %, and unintentional poisonings, which accounted for 16 %; all other causes of death combined accounted for slightly fewer than a quarter of deaths.

The number of deceased males and females who were treated and included in the study differed significantly compared to the number of untreated. There was also a significant difference between sexes concerning the age at the time of death, but there was no significant difference between treated and untreated persons as far as causes of death and external causes of death were concerned.

In untreated males and females the difference in causes of death was significant. More untreated females than males committed suicide (71 % : 18 %), whereas the percentage of deceased due to transport accidents, unintentional poisonings and deaths for which it was unclear whether they represented a consequence of a suicide attempts or unintentional poisonings was higher among males than among females. There was no significant difference in causes of death according to gender in treated persons.

Conclusions

- The differences among the proportions of deceased drug users according to sex are considerable. Males outnumber females.
- The highest number of deceased drug users is within those from 20 to 29 years of age.
- Heroin, opium, opioids and methadone are the most frequent drugs due to poisoning, the majority of deaths are unintentional. The number of poisonings with heroin, methadone and psychostimulants is rising.
- In relation to the Slovenian average, the regions with the highest mortality rates were the Coastal-Karst and Central Slovenia regions.
- The majority of the deceased were single, the majority died outside their place of residence; only those persons who died in medical institutions were treated for different reasons prior to death.
- The mortality of drug users treated at centres for treating drug addiction was more than three times as high as the mortality among inhabitants of Slovenia of the same age.
- Among treated drug users 4/5 deaths were violent deaths. Among treated drug users deaths, the proportion for which it was unclear whether death was accidental or intentional was higher than the proportion among the remaining population. The same was true for the proportions of poisonings and homicides. There were also a higher number of deaths due to infectious diseases.
- The causes of death among persons treated at centres differ significantly from the causes of death among other drug users. Among treated persons there were more non-violent deaths and fewer poisonings, as well as a higher number of serious bodily injuries due to transport accidents or suicides.

8. Social correlations and social reintegration

8.1 Introduction

The main starting points for addressing problems concerning the use of illicit drugs within the social assistance system are defined in the National Programme of Social Assistance and Social Services for the 2006-2010 Period (Official Gazette of the Republic of Slovenia, No. 39/2006). Professional activities aimed at resolving social problems arising from the use of illicit drugs are carried out by public services (62 Centres for Social Work), providers with concessions for social assistance services on the basis of tenders and NGOs with supplementary activities.

This chapter presents programme of shelter for female drug users carried out by NGO - Association for Harm Reduction – Stigma.

8.2 Social reintegration

Stigma Shelter, for female drug users – victims of violence *prepared by Borut Bah*

Female users of illicit drugs are a highly-endangered group. Many of them live on the street, with their pimps or drug dealers. Information about female drug users was obtained by a survey conducted in May and June 2009 as part of the Project Shelter for Women – Drug Users and Victims of Violence. 23 female drug users participated in the survey and filled in questionnaires that consisted of open and closed questions on the topic of violence and illicit drug use. We perceived a causal link between the two phenomena. Drug addiction often leads people into the world of prostitution, where they offer sexual 'favours' in exchange for a place to stay or money to buy drugs. Consequently, most of them end up in a cycle of violence and drugs, from which there is no escape, unless they find a safe place to stay. The purpose of the survey was to determine the level of female drug users' endangerment due to their lifestyle, and to find out to what extent the women use the existing help programmes, as well as how satisfied they are with them. The aim was also to find out more about the need for the implementation of new programmes.

Why did we decide to start the programme? While offering help to female drug users in different programmes of the Stigma Association, we often encountered the problem of providing women with safe housing or shelter from the dangers of living on the street. Shelters in Ljubljana mostly accept men. Most of the existing safe houses are not suitable for female drug users, as these individuals are stigmatized by society as well as some institutions that should offer them help; the results of the survey confirm this, as do the personal experiences that are revealed to us during the process of psychosocial support for female users of illicit drugs.

The shelter

In January 2010, we started implementing the programme known as »Stigma Shelter, for female drug users – victims of violence«. The aims and activities of the programme are based on the statements of the drug users who participated in the survey, as well as on individual work with users who sought help in other programmes of the Stigma Association.

This year, which is the first year of the Stigma Shelter operation, the programme is funded by the Ljubljana Municipality and the Ministry of Labour, Family and Social Affairs of Slovenia. It is implemented at a secret location, and the shelter has room for seven users. It is open 24 hours every day, and the staff is present at all times. The users enter the programme voluntarily. There are two conditions for entering: each user has to have a plan for the future and agree with the programme's rules, sanctions provided for offenders, and house rules.

The main objectives that we want to achieve are: to provide safe housing, reduce the social and health consequences associated with drug abuse and violence, improve the user's quality of life and increase social inclusion among the users – to provide support and help in arranging the individual's life (employment, education, housing, establishing a social network), encourage/motivate users to abandon the risky lifestyle, enable them to live independently and develop social skills, provide them with information about other forms of professional help.

The programme ensures basic human rights for its users – that is, the right to protect their dignity, the right to ensure their safety, and the right to proper housing. Thus, the programme contributes to reducing the endangerment of women, many of whom were homeless before entering the programme. Living in a safe place, where professional workers and other formal support networks provide help and support, can contribute to improving the user's quality of life. The key purpose of the programme is to reduce harm from drug use (to reduce social and health consequences), as well as reduce homelessness and criminal acts. The programme also aims to reduce the drug users' risk of becoming the victim of prostitution and violence. At the same time, the programme enables the users to facilitate the transition into high-threshold programmes, and helps them obtain employment, find a new social network, etc.

The programme offers users various forms of help (psychosocial support in the form of individual work, group work, advocacy, informal socializing, accompaniment to various institutions and leisure activities) depending on the needs of individual users. Counselling and support are offered without any preconditions or coercion. While living in the shelter, users set their objectives with the help of their individual plans, and try to achieve them during the time they spend in the programme. While pursuing their objectives, they are supported by professional workers and other staff members of the programme. Social skills training is an important part of the programme. The training does not aim to teach users how to conform to the norms of society – that could cause reluctance. The focus is on adapting the training to each individual user to help her achieve her own wishes and objectives. The training helps the user learn to take responsibility for her own life and strive to achieve her own wishes and objectives. The aim is to develop work habits, learn about oneself, and learn how to deal with conflict situations. We encourage users to help each other and follow the house rules together. Users voluntarily participate in workshops, depending on the workshop theme. However, their attendance at weekly users' meetings is mandatory, as this is where they resolve conflict situations and confirm/update the house rules.

Field work

Field work is carried out in two forms. The first one involves accompanying users who live in the shelter to various places where they can get help (also in terms of advocacy), and is carried out if necessary. The other is field work with drug users who do not yet live in the

shelter. Field work allows contact with illicit drug users, which enables us to gain their trust. We find the users at different places – where they spend a lot of their time, where they enrol for other programmes, etc. Some of them also come to the Stigma Association day centres. Obtaining drug users' confidence is crucial, since many years of abuse on the street makes them develop defence mechanisms and fear of secondary victimization by institutions. At the same time, they are aware of the complex systems of the street life in which they are entangled.

Difficulties that we encounter in the Stigma Shelter

Some difficulties already emerged at the beginning of the programme implementation. The users who entered the programme came straight from the street, and brought with them their habits and lifestyle. In order to function smoothly, the programme requires the users to follow certain rules (house rules). As it turned out, most of the users had great difficulties with following the rules, so some of them were expelled from the programme. Later we drew up the rules together with the users, so that they are more adapted to the target population, but still make it possible to work and live in the shelter.

However, we still occasionally encounter the following difficulties:

- difficulties keeping the location secret;
- violation or non-compliance with the rules (users trying to use drugs and alcohol in the shelter, disregarding the curfew of the Stigma Shelter, attempting to introduce the laws of the street in the shelter ...);
- several days' absence of individual users from the Stigma Shelter;
- conflicted relationships between users due to their individual treatment. In the process of psychosocial support we keep in mind each individual's history and try to assess the situation, identify the problem and thus empower her to complete the programme; other users consider this unfair – they see it as if some are permitted to do everything, and others are not;
- users have already met on the street, or they were victims of prostitution controlled by different pimps; such experiences cause mirroring and reliving the past, that is, reliving the psychological, physical and sexual abuse;
- the users who were under the control of pimps or other institutions for a long time experience the programme as a 'prison', and our help as 'control';
- users are not able to take responsibility for their own life, they are not ready to abandon their familiar way of life; it scares them if someone supports them, and they also communicate this fear; every one of them has the feeling that we 'want something in return', as they are used to such 'you give me – I give you' relationships on the street;
- while users live on the street, they are involved in complex manipulation systems and extortion (dealers, pimps, former partners); they have unresolved conflicts with relatives, it is hard for them to bond with their children/ feeling of guilt, they do not believe that they will succeed ...;
- the users who wish to abstain or are already abstaining/preparing for detoxication have no tolerance for those who still use illicit drugs.

Findings

We believe that the programme is developing well through obtaining experience, adapting to users' needs and gaining their confidence. At some point, we considered that the programme might be more suitable for users who have already stopped using drugs, as it would be

easier for them to follow the house rules; but we decided that the need for such a programme is greater among active drug users who are victims of violence or other kinds of abuse.

The users included in the programme have the possibility to live in a safe place. This enables them to leave behind the street and homelessness. By doing so, the users have the chance to change their life according to the goals they have set while designing their individual plan and during counselling sessions. The users' progress is reflected in the goals and wishes they set, their commitment to change (use drugs less often or have more control while using, enrol in a detoxication programme, renew social contacts with relatives and children, get valid documents, visit health institutions and take care of their health). When living in a safe place, the users can have more suitable nutrition and better personal hygiene. Due to positive experiences and professional support, users' self-image and self-confidence improve. After leaving the street and coming into the shelter, many of them abandon criminal behaviour and prostitution. The shelter allows them to relax, think and formulate guidelines for their future life. Because they live in this community and its pleasant and clean environment, they get back the feeling of how it is to live a »normal« life that they have lost when living on the street or in different abusive environments. Even the simple every-day things that the rest of us do not even notice (cooking, having regular meals, doing laundry, cleaning, making visits to the doctor ...) become very important for the users and enrich their lives.

9. Drug-related crime, prevention of drug related crime and, prison

9.1 Introduction

Data on drug-related crime are systematically gathered by the Slovenian police. The Penal Code (Articles 186 and 187) and the Production of and Trade in Illicit Drugs Act are two main acts defining criminal acts/offences in the area of illicit drugs.

Imprisoned people addicted to illicit drugs are treated in compliance with a well-conceived strategy in Slovenian penal institutions. This strategy defines the medical part of help, educational programmes and motivations, and upgrading involving high-threshold programmes.

9.2 Drug-related crime and prevention of drug-related crime *prepared by Aleksander Pučko*

Introduction

This paper presents and analyzes the statistical data and police findings in the field of organized crime and illicit drugs for the period from 2004 up to and including 2009. The statistical and operative police findings, presented in the paper below, confirm the assumption of increasing criminality in both aforementioned fields. Greater emphasis is given to the field of illicit drugs.

Delinquency related to illicit drugs can be divided into three main categories, namely:

- *primary criminality* in the field of drugs, which encompasses all forms of criminal offences, defined in Articles 186 and 187 of the Penal Code currently in force;
- *supply criminality* with direct offences including: purchase and possession of illicit drugs, breaking into pharmacies and falsifying prescriptions, and indirect offences including: theft, burglary, robbery, fraud, selling drugs to acquire means for later purchase and use, etc.;
- *consequent delinquency,* such as: street violence, belonging to gangs, begging and similar.

The police direct the major portion of the activities towards preventing the supply of illicit drugs; however, this does not mean that the police do not treat and cooperate in the other field, that is, in the prevention of use. In this field, the police cooperate productively with other government sectors, as well as NGOs in this field. The majority of police work in the field of illicit drugs concerns preventing the supply.

Achieving set police goals in the field of illicit drugs

In terms of successful and efficient performance of tasks preventing, discovering and investigating criminality, the police, as a body in the structure of the Ministry of Internal Affairs of the Republic of Slovenia carry out tasks from the police work plan for the current year. The police work plan includes the tasks and strategies from four key documents, namely:

- The Resolution on the National plan for the Prevention and Combating of Crime for the period 2007–2011;

- Council and Commission Action plan implementing the Hague Programme on strengthening freedom, security and justice in the European Union;
- EU Drugs Strategy (2005–2012);
- The Resolution on the 2004-2009 National programme on drugs control.

In addition to the key documents listed above, other relevant documents in this field, adopted in the form of regulations, recommendations and contracts and adopted by the competent institutions of the EU are also used for planning the tasks and strategies of police work.

Police activities against organized crime

The field of illicit drugs coincides with the field of organized crime. The passages below describe the statistical data of the processed criminal offences that, according to the investigators' judgement, represented a consequence of organized criminality with all of the characteristics of organized crime, as defined by the police cooperation working party with the EU Council – ENFOPOL[1]. All four constant and two variable criteria must be established.

Constant criteria:
- association of a minimum of three persons;
- operates in a longer or temporally undefined period;
- perpetrates criminal offences that can be officially prosecuted;
- acquires material gain or social power.

Variable criteria:
- uses an internal code of conduct;
- uses violence and/or corruption;
- influences the media, economy, state administration or politics;
- operates in an entrepreneurial manner;
- operates internationally or is
- involved in laundering money.

The statistical data leads to the conclusion that in the territory of the Republic of Slovenia from 2004 up to and including 2009, the number of processed criminal offences of this type increased by 83.6 %, or from 225 to 413 criminal offences. The data is presented in Table 9.1.

Table 9.1: *Number of processed criminal offences with the elements of organized crime*

CO/YEAR	2004	2005	2006	2007	2008	2009
Criminal offences of organized criminality	225	397	499	293	359	413

Source: Frozen base ERC, Ministry of Internal Affairs

In this period, police activity in the field of organized criminality was primarily oriented towards discovering criminal groups smuggling illicit drugs, people, weapons and explosives and highly taxable goods along the so-called Balkan route. The increase in processed criminal offences of this type is the result of the systematic work and activities that the police directed and keeps directing towards organized criminal groups, whereby it was assisted by the implementation of the increase in the professional knowledge level of prosecuting

[1] Document No. 624/2/9 ENFOPOL 35 REV 2.

authorities and closer international cooperation, especially with the countries of the western Balkans and EU members.

Last but not least, good results in the field of suppressing organized crime were also enabled by an established integral system of monitoring criminal groups and high-quality analyses of the acquired information. In addition, work in the field of suppressing organized crime cannot be conceived without high-quality international cooperation. International cooperation enabled the favourable statistical data listed below for investigating criminal offences in the field of illicit drugs. In the aforementioned period, the Ministry of Internal Affairs of the Republic of Slovenia and the police signed 30 contracts on international cooperation with individual countries in the form of memorandums, agreements, joint statements, protocols and arrangements in various fields, among them the field of organized crime and illicit drugs.

Activities for reducing the supply of illicit drugs

Criminality of illicit drugs is considered to be concealed criminality. It features a special relationship between the actors, who due to their interdependency do not provide declarations and information in the usual terms. Cases where individuals involved in a criminal offence declared this information are extremely rare.

Data on criminality related to illicit drugs shows the criminality uncovered by the law enforcement authorities based on their own and self-initiated work. Furthermore, it must be emphasized that the grey area in this field is extremely large.

In the period in question, Slovene police observed an increase in measures in both fields, in the field of recorded criminal offences and recorded misdemeanours in the field of illicit drugs. The total number of criminal offences in the field of illicit drugs (Articles 186 and 187 of the Penal Code) increased by 1000 criminal offences from 2004, which represents an 81 % increase. Similarly, in the period in question, an increasing number of suspects of criminal offences in this field were processed; an 87 % increase was observed.

Within the scope of the offences processed under the Production of and Trade in Illicit Drugs Act (Zakon o proizvodnji in prometu s prepovedanimi drogami, ZPPPD), the police observed a constant increase in recorded misdemeanours; however, this percentage is not as obvious as in criminal offences. Given the statistical data, the increase amounts to “just” 21 **%**.

The described statistical data has been acquired by analyzing the data entered into the central computer of the Ministry of Internal Affairs of the Republic of Slovenia by police officers at local and regional levels and is presented in Table 9.2.

Table 9.2: *Number of processed cases of criminal offences, their suspects and misdemeanours under the Production of and Trade in Illicit Drugs Act*.

	2004	2005	2006	2007	2008	2009
Criminal offences	1231	1241	1794	1612	1681	2231
Suspects	1374	1536	2102	1783	1963	2570
Misdemeanours	2755	2490	2974	3077	3314	3338

Source: Frozen base ERC, Ministry of Internal Affairs

The Slovene Penal Code considers two main executive forms of criminal offences in the field of illicit drugs (Articles 186 and 187 of the Penal Code); in Article 186, the Penal Code forbids and sanctions the unlawful manufacture of and trade in illicit drugs, and in Article 187, it incriminates enabling of use of illicit drugs. Two thirds of all recorded criminal offences were related to the field of the manufacture of and trade in illicit drugs, or execution forms incriminated in Article 186.

As executing forms of carrying out criminal offences under Article 186 of the Penal Code, three forms, namely: the purchase of illicit drugs for sale, offering for sale and selling, are the most common.

As evident from Table 9.2, a 32 % increase in processed criminal offences in the field of illicit drugs was observed in 2009. The police recorded and processed 2,231 criminal offences in the field of illicit drugs, from which 2,069 were criminal offences under Article 186 of the Penal Code, or criminal offences incriminating the unlawful manufacture and trade in illicit drugs. There are several reasons for the increase in recorded criminal offences, the main ones include the increased engagement of the local level (police stations) in this field and an increase in recorded and processed criminal groups, whose members perpetrated criminal offences in the field of illicit drugs. In 2009, the police processed 36 criminal groups in this field (31 groups in 2008). The criminal groups in question were groups whose members were processed and investigated by the police by using approved concealed measures from the Criminal Procedure Act.

In addition to the aforementioned form of perpetrating criminal offences, a clear increase in recorded illegal growers of cannabis was recorded. These cases encompass two forms of perpetrating criminal offences; illegal plantations in the open and hydroponic growth of cannabis in enclosed premises. Unfortunately, the official record kept in the central computer of the Ministry of Internal Affairs does not support such records, namely the statistical data on the number of plantations and number of so-called laboratories for cannabis production. We therefore cite the unofficial statistics for the field of hydroponic growth of cannabis, ran by the Illicit Drugs Section at the General Police Directorate, which shows that 7 such premises were recorded in 2008, and 11 were recorded in 2009. Our assumptions about the increase in illegally grown cannabis are confirmed by two facts: in 2009, the number of seized cannabis plants increased by 32 % in comparison with 2008 and in the first nine months of 2010, 21 so-called laboratories for the hydroponic growth of cannabis were recorded on the territory of the Republic of Slovenia.

9.3 Drug use and problem drug use in prison

Survey on risky behaviour at the Ljubljana, Ig and Dob prison facilities *prepared by Borut Bah*

Introduction

For several years, the employees of the Stigma society have been carrying out counselling services in prisons. They are aimed at convicts who are, directly or indirectly, primarily serving a sentence due to drug-related issues. In 2009, we started to implement the pilot project for the exchange of sterile drug injection kits in Slovene prisons, which represents a continuation of our work spanning several years. The project has been financed by a grant

from Iceland, Liechtenstein and Norway through the EEA Financial Mechanism, the Norway Financial Mechanism and the Office of the Government of the Republic of Slovenia for Development and European Affairs.

The purpose of the 18-month project was to survey risky behaviour related to the use of drugs in prisons and to implement the pilot project for the exchange of sterile drug injection kits, thus ensuring equal treatment of convicts and at the same time influencing the reduction of risky behaviour in Slovene prisons. It is a fact that the convicts' health also represents a public healthcare issue, since the convicts return to the community after serving their sentence. The purpose of the project was also to establish which of the currently known ways of exchanging sterile drug injection kits is most appropriate for each of the prisons included in the pilot project. Each prison has specific characteristics, such as closed/(half)open sections, section size, room size, space layout, personnel, other convicts, access to healthcare and counselling services, etc. Among other factors, the research instruments focused on taking into account these specific characteristics, thus examining the appropriateness of the way of exchange given the specifics of the individual prison. The final goal we set for ourselves was to implement the exchange of sterile drug injection kits in three Slovene prisons. For various reasons, primarily due to an inappropriate legislature, this goal was not achieved.

Methodology

To carry out the survey on risky behaviour in prisons, we employed a questionnaire already used in the survey on risky behaviour in Slovene prison facilities (Hren et al. 2002). The data was then entered and processed with the Excel computer programme.

The purpose of the survey was to:

1. examine the existence and prevalence of risky behaviour – occurrences of drug use, sexuality and tattooing in prisons.
2. examine the level of knowledge about the risks related to the ways of transmission and spreading of the HIV and hepatitis C viruses.
3. provide or propose appropriate recommendations and measures on the basis of established data and level of risky behaviour.
4. establish the needs and the most appropriate way of exchanging sterile drug injection kits in individual prisons.

The survey was carried out in three Slovene prisons – Ig Prison, which is the only female prison in the country, Dob Prison, a prison for male convicts serving sentences of over 18 months, and Ljubljana Prison, a prison for male convicts serving sentences of under 18 months. Approximately half of all convicts in Slovenia serve their sentences in these three prisons.

At Ig Prison, the survey encompassed persons serving their sentence on June 17, 2009. Out of 29 convicts serving their sentence at that time, 17 or 59 % participated in the survey. The data collection was carried out in the presence of Stigma employees. At Ljubljana Prison, the survey was carried out in the week of September 28 to October 2, 2009. Out of 111 convicts serving their sentence at that time, 57 or 51 % participated in the survey. The questionnaires were handed out to the convicts by the prison personnel; the convicts returned the filled-in questionnaires in sealed envelopes. At Dob Prison, the survey was carried out on March 29, 2010. Out of 480 convicts serving their sentence at that time, 161 or 34 % participated in the

survey. The survey was carried out in two ways. In the morning, four groups of the convicts (three sections and one open section) were given the questionnaires; if necessary, we assisted them when answering the questions. In the afternoon, we carried out the survey among those convicts who were working in the morning. The convicts serving their sentence in a higher security section were given their questionnaires individually in envelopes; the convicts returned the filled-in questionnaires in sealed envelopes.

In all three prisons, out of 629 persons serving their sentence at that time, 235 persons or 38 % participated in the survey.

Results and discussion

Knowledge and possible ways of transmitting the HIV and hepatitis C infections: The convicts' beliefs regarding the possible ways of transmission.

The convicts are well-informed about the ways of transmission posing the greatest risk of spreading HIV and hepatitis C infections, such as sharing the drug injection kit or participating in unprotected sexual intercourse. They are less well-informed about other ways of transmission listed in the questionnaire, where there is no risk of virus transmission. Approximately 40 % of interviewees believe that the hepatitis and HIV viruses can be transmitted by coughing and sneezing, 25 % of the interviewees believe that they can become infected by working and living together with infected persons, and 30 % of interviewees believe that they can become infected by sharing cutlery, a bathtub, shower or toilet. The data showed that the female convicts are better informed about the issue than their male counterparts; unlike male convicts, the female convicts also have more information about hepatitis than HIV. According to our opinion, the lack of correct information may manifest itself as fear of cohabitation with the infected person and a certain discomfort in convicts; we therefore propose that more lectures on the aforementioned subject are carried out in prisons.

Number of persons infected with hepatitis B, hepatitis C and HIV

In all prisons, a high number of interviewees are not acquainted with their status – almost 30 %. It is especially alarming that these convicts are not in possession of enough information regarding the ways of transmission, which can cause additional fear. One of the reasons lies in the fact that participation in testing in prisons alone can represent a certain stigma. A large number of convicts believe that persons infected with hepatitis or HIV should be separated from other incarcerated persons. Consequently, many convicts who are positive do not participate in treatment. 9 persons (4 %) confirmed that they are infected with hepatitis B, 25 persons or 11 % are infected with hepatitis C - the percentage is higher among female convicts, 5 persons or 29 %. 5 persons (2 %) confirmed that they are infected with HIV.

It is especially alarming that the persons who said that they are HIV positive at the same time report a high level of risk – 3 persons have sexual intercourse in prison and do not use condoms in the majority of cases, while one person injects drugs in the prison, but does not exchange the kit with others. One person who has sexual intercourse is not aware of the fact that the hepatitis and HIV viruses can be transmitted by sexual intercourse.

Drug use

The main findings of the survey show that the issues of drug use and drug injection are present in prisons. The drugs are used by fewer persons than prior to serving their sentence; however, the risk of spreading HIV and hepatitis is higher. 33 interviewees (14 %) reported

use of heroin, 17 persons or 7 % reported use of cocaine, 79 persons (34 %) reported use of soporifics and tranquilizers and 37 convicts or 16 % reported use of marihuana or hashish. However, regarding the use of pills, it must be noted that we cannot claim with certainty that all convicts took into consideration the fact that we were interested only in the use of soporifics and tranquilizers not taken with the purpose of treatment and not prescribed by a doctor. No large differences in drug use between female and male convicts were noted. We did notice that the use of drugs was significantly higher in the Ljubljana prison facility. In our opinion, one of the reasons lies in the fact that the majority of drug users are serving sentences for minor criminal offences – theft, robbery, dealing smaller quantities of drugs – that are punishable by shorter sentences, so they are serving the sentence at the Ljubljana prison facility.

In all three prisons, drug injection, which represents the highest risk of spreading various infections, was noted as one of the types of drug use. Injection of drugs was confirmed by 21 persons (9 %), out of which 11 persons confirmed sharing the injection kit. We are concerned by the fact that out of 11 persons who exchange injection kits, 7 persons are infected with hepatitis C. We also detected another type of risk in prisons – the convicts reported cleaning used needles and other utensils for drug injection. It should be emphasised that cleaning the kit does not constitute an appropriate measure and that the risk of bacterial infection remains present in such cases.

In prisons, fewer persons use drugs than they did prior to serving the sentence. The number of persons who injected drugs was particularly reduced. Prior to serving the sentence, drugs were injected by 71 persons, 21 persons continue injecting in prison.

Sexual intercourse

56 interviewees (24 %) confirmed that they have sexual intercourse in prison. The majority of the persons do not use protection against sexually transmitted diseases, even though they reported that they have the possibility of obtaining condoms if needed. The number of persons who have sexual intercourse is probably slightly higher due to the fact that the largest prison facility features the option of overnight visitors. However, due to the non-use of protection, it is necessary to emphasize the high risk of spreading sexually transmitted diseases.

Tattooing

121 persons or 51 % have tattoos. The convicts mostly had their tattoos done outside the prisons, in the majority of cases, sterile needles and kits were used. 49 persons had their tattoos done in prisons – out of them, 30 persons got their tattoos in the prison where they are currently serving their sentence. The convicts did not report sharing the tattooing kit.

Need for implementation of the exchange of sterile kits programme in prisons

In the final part of the survey, we studied the convicts' opinions on the introduction of the programme of exchange of sterile drug injection kits in prisons. We were interested in the opinion of persons who have injected drugs, as well as in the opinion of persons who never used drugs. In the vast majority of cases, the project received approval. Out of 71 convicts who have injected drugs in their lives, 50 of them or 70 % support the implementation of the project. The project is supported by all who continue to inject drugs in prison.

Out of 150 persons who have never injected drugs and gave their opinion on the implementation of the project, 62 (59 %) are in favour, and 43 persons are against implementation. We have noted that female convicts expressed a considerably higher level of support for the implementation of the project than their male counterparts. A considerable level of opposition, as well as negative attitudes towards drug users, was detected in male prisons.

Conclusion

The exchange of sterile drug injection kits in prisons could not be implemented in these years, as this was not allowed by Slovene legislation. The access to sterile drug injection kits is already listed as one of the activities in the Resolution on the 2004-2009 National programme on drugs control (Resolucija o nacionalnem programu na področju drog 2004-2009, ReNPPD, 2004). Among other aspects, the resolution stipulates the following:

- providing the persons serving prison sentences with a certain knowledge of drugs and ways of treatment, thus stimulating the convicts' responsibility for their own health;
- enabling the convicts to receive services equal to those available in broader society, in order to prevent infections with infectious diseases (HIV, hepatitis B and C, etc.);
- providing drug addicts with the option of serving the sentence alternatively in therapeutic communities and other forms of treatment and social rehabilitation.

The Slovene Resolution on the 2004-2009 National programme on drugs control is in line with the European strategy; however, the programme of exchanging sterile drug kits is not yet being implemented in Slovenia.

Until 2008, Slovene legislation classified the use of drugs in prisons as one of the serious disciplinary offences; convicts were therefore not allowed to possess kits for drug use. In 2008, the amendments to the Enforcement of Penal Sentences Act (Official Gazette of the Republic of Slovenia, No. 76/2008 of July 25, 2008) entered into force; thereby drug use no longer constitutes a disciplinary offence. The amendments of the aforementioned act allowed the possibilities for introduction of the programme of exchanging sterile drug kits. The possibilities for the implementation of the aforementioned programme were again closed with the adoption of the Rules on Enforcement of Prison Guards' Powers and Duties (Official Gazette of the Republic of Slovenia, No. 85/2009 of October 30, 2009), which in the Paragraphs 1 and 7, Article 33, establishes the following: "(1) If the prison guard, when performing a personal search of the convict, a search of living quarters, parcels or luggage, finds objects or substances that the convict is not allowed to have in his or her possession, or if the prison guard finds things that should be seized, the prison guard confiscates them and hands them to the commander together with a report, (7) Objects or substances that have been used or intended for use in incidents in the prison facility (escape, attack, drug use kits, etc.) and do not belong to the convicts or constitute an object connected with a criminal offence, are stored at the prison facility". Life in prison is regulated in more detail by the house rules, which constitute the internal documents of each prison facility.

When reviewing acts, regulations and house rules, it can be noted that they at no point explicitly forbid the possession of drug injection kits. The only mention of the drug kit occurs in Article 33 of the aforementioned Rules on Enforcement of Prison Guards' Powers and Duties, where it seems as if it had been carelessly added to the aforementioned article. With the Enforcement of Penal Sentences Act, drug use was excluded from serious disciplinary

offences; in 2009, it was included among incidents. According to our data, incarcerated persons are not allowed to have drug kits and the drug kits are confiscated if found by the prison guards.

From the very beginning, the need for the implementation of such a project in prisons has been emphasized by drug users serving prison sentences; the need for such a project was already noted in 2002 by the researchers carrying out the study into risky behaviour in Slovene prison facilities (Hren et al. 2002). For over ten years, the World Health Organization, UNAIDS and the Council of Europe have been drawing attention to the fact that incarcerated persons need to be provided with health care equivalent to that available to non-incarcerated persons – which also includes the exchange of sterile drug injection kits. Implementation of the project does not encourage drug use; activities only reduce the harmful consequences of drug use.

Even though the need for the introduction of additional activities for reducing drug-related harm has been established in Slovene prisons on several occasions, certain activities are still not being implemented. At the same time, the number of drug users serving prison sentences is increasing. According to the data of the Prison Administration (2009 Prison Administration Annual Report), 1,209 incarcerated persons with issues related to drug use were recognized in Slovenia in 2009. The proportion of incarcerated persons with drug-related issues amounted to 25 % in 2009, and 7.6 % in 2000 (2000 Prison Administration Annual Report). According to the data of the Administration, in 2009, 66 % of the incarcerated persons with drug-related issues already had experience with drugs prior to serving the sentence, which means that 34 % first tried the drugs in the prison. The report also cites that a constant increase of entry in illicit drugs has been recorded since 2001. As evident from the Prison Administration Report (2007) 1,090 incarcerated persons with issues related to the use of illicit drugs (25 % of all incarcerated persons) were recognized in 2007. In comparison with the previous year, the number increased by 14 %.

Based on the data acquired in the survey and the convicts' opinions, we therefore give the following proposals:

- Introduction of the exchange of sterile drug injection kits via automated needle dispensers at the Ljubljana prison facility and via the Stigma NGO at the Ig prison facility;
- Agreement with the employees at both prisons about the level of control and cooperation in case of the implementation of the kit exchange project;
- It is necessary to find a solution on how to include only those persons who already inject drugs in the project;
- Presentation of positive aspects of the project to the convicts who oppose the introduction of the project;
- Continuation of educating the convicts about hepatitis C and HIV;
- Providing the convicts with access to information on safer sexual contact;
- Introduction of "drug free" prison sections;
- Ensuring higher availability of anonymous voluntary testing for hepatitis C and HIV.

9.4 Responses to drug – related health issues in prisons

The situation concerning drugs in prisons in 2009 *prepared by Olga Uršič Perhavc*

Introduction

The paper presents the treatment of addiction to illicit drugs in Slovenian prison facilities in 2009 and 2010.

In the aforementioned period, the imprisoned people addicted to illicit drugs were treated in accordance with the strategy which enables them to establish and maintain abstinence, carry out drug-free lifestyle changes and prepare for their release.

In this regard, the medical staff provided imprisoned persons with assistance in withdrawal crises, replacement therapy and urine tests for establishing the presence of drugs in the body, counselling and education about the dangers of infections with HIV and hepatitis viruses and encouraged imprisoned persons to perform tests, vaccinate against hepatitis B and undergo treatment. By carrying out psychosocial assistance programmes, the professional staff at the prison facilities, working within staff limits, enabled imprisoned people to achieve higher goals in the treatment of addiction.

Methodology

The Head Office of the Prison Administration of the Republic of Slovenia regularly monitors the situation concerning drugs in prisons by acquiring the data for the annual report.

Every three months on a set day, the Office establishes the number of imprisoned people with illicit drugs-related issues, as well as the number of people infected with HIV, hepatitis and tuberculosis.

By communicating with the prison facilities on a daily basis, the Office also monitors any incidents connected with the afore-mentioned issues.

The situation concerning drugs

It was established that similarly to the previous years, slightly over one quarter of the entire population of imprisoned persons had illicit drugs-related issues in 2009.

Table 9.3: *Number of persons with issues related to illicit drugs in relation to the number of all imprisoned people in the period from 2002 to 2009*

Year	2002	2003	2004	2005	2006	2007	2008	2009
No. of all imprisoned people	5,219	4,725	4,344	3,097	3,572	4,311	4,383	4,730
People with drug-related issues	703	727	944	868	948	1,090	1,210	1,209
Proportion in %	13.47	15.38	21.73	28.03	26.5	25.3	27.6	25.6

Source: Prison Administration of the Republic of Slovenia, Annual report 2009.

Among a total of 1,209 prisoners with drug-related issues, 796 or 66% were people who had experiences with drugs prior to the beginning of their sentence.

Among 1,209 prisoners who were addicted to illicit drugs or experienced drug-related issues, 547 or 45% of prisoners received methadone treatment. Maintenance treatments were prevalent. In comparison with 2008, the number of people receiving methadone treatment increased by 5.

Among 796 newly admitted people with drug-related issues, 368 or 46% of people had already been prescribed methadone treatments.

A lower number of people opted for HIV and hepatitis tests than in 2008. According to the available data on test results in 2009, two people were infected with HIV. Hepatitis B was confirmed in thirteen and hepatitis C in 47 prisoners. The patients also sought help and counselling in aids clinics.

Medical and other prison personnel were consistent in implementing the recommendations of the medical profession relating to timely patient detection and treatment and care according to the instructions given by medical specialists.

275 people experienced withdrawal crises, which were treated at the prison clinics. The issues were primarily relieved with medicines, as well as by increasing the methadone dosage.

Table 9.4: *Results of voluntary and confidential tests for hepatitis and HIV in the period from 2002 to 2009*

Year	2002	2003	2004	2005	2006	2007	2008	2009
No. of people tested for HIV	140	134	179	305	242	297	235	202
No. of people tested for hepatitis	247	183	269	303	322	378	326	271
HIV	4	0	0	0	2	1	1	2
hepatitis A	0	3	3	2	1	2	0	0
hepatitis B	15	14	10	7	12	15	7	13
hepatitis C	28	63	90	85	87	97	75	47
TOTAL	**47**	**80**	**103**	**94**	**102**	**115**	**83**	**62**

Source: Prison Administration of the Republic of Slovenia, Annual report 2009

In order to achieve an equal standard of medical care for prisoners and within that the treatment for addiction to the standard in the society, the Administration was, following several years of trans-sectoral cooperation, successful in including the prison clinics in the system of the public healthcare network.

The signed Protocol on the implementation of tasks arising from Item 22, Paragraph 1, Article 15 and tasks from Article 24 of the Health Care and Health Insurance Act – under the

Act Amending the Health Care and Health Insurance Act (ZZVZZ-K, Official Gazette of the Republic of Slovenia, No. 76/08) – a new status of insured person in the compulsory health insurance was introduced on January 1, 2009, namely:

- for prisoners who are not otherwise insured at the time the custody began or whose insurance expires during custody;
- for convicted people serving a prison sentence, juvenile prison, juveniles on whom the correctional measure of delivery into a correctional facility was imposed, people on whom the detention order of psychiatric confinement and protection at a medical facility and a mandatory treatment of addiction to alcohol and drugs were imposed.

The contributions for compulsory health insurance are paid by the Prison Administration of the Republic of Slovenia. The funds to cover the difference to the full value of healthcare services shall be provided by the Ministry of Health of the Republic of Slovenia.

From January 1, 2009, regional medical centres serve as providers of health care schemes for the afore-mentioned categories of prisoners.

Social rehabilitation and reintegration of prisoners begins when they start to serve the sentence, the contents are adapted to the needs and specific life situations of the individual. Among the more important contents are: social counselling and assistance in solving acute social issues, solving social issues in the domestic environment and working with the family, establishing disability and the ability to work, assistance with employment during the serving of the sentence and following release, solving accommodation issues, cooperating with addiction treatment, managing and financing certain forms of education, etc.

Slovenian prisons do not run special programmes to prevent relapse and reintegrate the prisoners into society. Serving a prison sentence is a process, which enables each prisoner to actively participate in work, education, practicing hobbies, developing relationships with relatives, managing personal issues and any addiction issues, etc. The attitude of the convicted person towards the criminal offence, which is reflected in the sentence period to be served, is also important.

For each individual, this process is given a concrete shape in the form of an individual treatment programme, with special emphasis on treating those weaknesses that “keep returning” the individual to the prison (e.g. alcohol or drug-related issues, etc.).

The most demanding part of this process is to motivate the prisoner to implement changes in the afore-mentioned weaknesses.

The fact that it is difficult to find accommodation or employment in the current social climate, especially for people who were never permanently employed, do not have the appropriate education or their education is outdated, constitutes poor motivation for prisoners.

Carrying out personal plans and returning the individuals to the society is not possible without integrating the prison specialist services with the external institutions. Cooperation with social work centres is the most defined in terms of content and the most common, followed by humanitarian and working organisations.

An important role in solving the issues of an individual is also played by social work in the field. Professionals at the prison facility carry out visits to social work centres, homes for convicts, employment services, to the place of work, with employers and other institutions, alone or together with convicts.

Counselling represents a special characteristic of the Slovenian post-penal process. At some social work centres, this form of assistance is carried out by professionals working at the centres; some of the other centres appoint volunteers, mostly students of social sciences.

Apparently numerous and varied assistance offered to prisoners is insufficient especially in those cases, where social reintegration of so-called groups with special needs is concerned.

People with illicit drugs or alcohol related issues are offered the same assistance programmes when serving their sentence as those available in society. They are oriented towards achieving abstinence and changing their lifestyle, which generally speaking means a life without intoxication.

People who successfully abstain in prisons and express a wish to build on their treatment are enabled to also seek treatment in external medical institutions and NGO programmes (psychiatric hospitals, centre for treating drug addiction in Ljubljana, centres for preventing and treating addiction, Društvo Up, Skupnost Srečanje, Karitas – Pelikan, Društvo Svit, Zavod Vir, Društvo Projekt Človek, Društvo Stigma, Društvo Križišče, etc.) during the serving of the sentence. In 2009, 67 prisoners opted for such forms of treatment, which is twice as many as in 2008. After the sentence has been served, 49 prisoners continued with the treatments at external institutions, which is the same as in 2008.

The aim of the Prison Administration is to develop the existing strategy of treating addiction with the aim of ensuring new support programmes. The primary goal is to train the professional staff to carry out high-threshold programmes with the emphasis on the social reintegration of prisoners in cooperation with civil society.

10. Drug Markets *prepared by Aleksander Pučko*

10.1 Introduction

Under Slovenian law (Criminal Procedure Act, Official Gazette of the RS, No. 63/1994 and 70/1994) the police is the sole authority for seizing items which can be used as evidence in a criminal police procedure. In cases where the Custom Administration discovers illicit drugs it notifies the police, which then conducts the seizure. That is why the Slovenian police co-operate with the Slovenian customs while prosecuting the criminal networks that smuggle illicit drugs and precursive ingredients for their manufacture and also with the authorities of other countries (especially in Balkan countries). Since 2004, they have been systematically collecting and analysing the retail and wholesale prices of illicit drugs. The average price for the whole country is calculated on the basis of information from 11 police directorates that establish the prices of drugs through fieldwork.

10.2 Seizures

The seizure of illicit drugs in Slovenia is also increasing, especially those drugs, which are the most common and the use of which is the most dangerous. Slovenia's so-called geostrategic position should be noted, as the country is located on the so-called Balkan route, which serves as a route for the illegal transport of heroin from the countries of South-eastern Europe to Central European and Western European countries. The police also detect increased activities of criminal groups involved in growing cannabis (in the open and on adapted enclosed premises) in the territory of Slovenia.

As a country, due to relatively high demand for illicit drugs, Slovenia may be described as a country using illicit drugs, as well as transit country, in which organized criminal groups involved in the organization, logistic support and perpetration of criminal activities in supplying the European market with illicit drugs operate. According to the data available, Slovenia cannot be described as a country producing illicit drugs. In the period in question, police did not detect the production of synthetic drugs. Slovenia is also not known as a country producing heroin and cocaine, but mostly serves as a transit and user country for these two illicit drugs.

An exception in this case is the production of the illicit drug cannabis, which has been steadily rising in the past years.

Table 10.1 presents the statistic quantities of certain types of seized illicit drugs in the period from 2004 to 2009.

Table 10.1: *Quantities of certain types of seized illicit drugs in the period from 2004 to 2009*

Type of illicit drug/year	Unit	2004	2005	2006	2007	2008	2009
Heroin	kg	144.34	134.21	182.29	60.443	136.524	41.787
Cocaine	kg	106.69	2.14	4.67	41.749	90.747	2.867
Ecstasy	pill	874	1309	2950	1246	3539	16872
	kg			0.818	0.0184	0	0.0361
Amphetamine	kg	0.2	0.13	3.41	0.994	2.735	3.214
	pill	2	235	201	1070.5	64	778
Cannabis (plant)	unit	5329	3214	2557	9483	7116	9373
Cannabis (marihuana)	kg	84.83	112.32	552.976	157	404.202	242.025
Cannabis resin (hashish)	kg	8.09	0.72	4.34	0.684	0.429	0.689
Benzodiazepines	pill	1620	1787	1503.5	1249.5	2.768	5116
Acetic anhydride	kg	0	0	0	6989.76	60000	0

Source: Frozen base ERC, Ministry of Internal Affairs

Table 10.1 also shows the activities of the Slovenian criminal police in terms of preventing the trade in acetic anhydride, a precursor for the production of the illicit drug heroin. In 2007 and 2008, the Slovenian criminal police carried out joint criminal operations with foreign security authorities against Slovenian and foreign citizens smuggling this precursor from the EU to Turkey. The total quantity of the aforementioned precursor seized from the criminal group exceeds 110 tonnes. The quantity of the seized precursor seized by the Slovenian criminal police in cooperation with foreign security authorities on the territory of Slovenia and abroad represents a record quantity in the global sense and also in the sense of the quantity of the seized drug in an individual country. A seizure of this size is of extreme global importance in the fight against producers of illicit drugs.

In the past years, an increase in recorded premises for growing cannabis was noted, in some cases the premises in question were very sophisticated laboratories for cannabis production. The table above, showing the quantities of seized illicit drugs, shows that the number of seized cannabis plants is steadily increasing. The statistical data shows that in 2009, 79.9 % more cannabis plants were seized than in 2004. Given the growth of this issue and the appearance of modern and sophisticated laboratories, we may assume that in the future, Slovenia might appear as a country producing the illicit drug cannabis.

Below, pictures of some of the discovered laboratories for the production of cannabis, processed by the Slovenian criminal police in 2009 and the first half of 2010, are shown.

Pictures 10.1–10.6: *Pictures of discovered illegal laboratories for the hydroponic growth of cannabis*

Source: Sector for criminal technical science, Criminal Police Sector, Maribor Police Directorate

10.3 Purity

Monitoring the quality of seized illicit drugs

The National Forensic Laboratory carries out monitoring of the quality of some of the most frequently seized illicit drugs (cannabis, heroin, cocaine and certain phenethylamines) and within the framework of the Early Notification System reports on the detection of new, potentially dangerous psychoactive substances.

In 2009, the majority of seizures involved cannabis, heroin and cocaine; among phenethylamines, amphetamines seizures increased, whereas MDMA almost completely disappeared from the market.

Cannabis and hashish: The presented results are based on the analysis of 119 cannabis samples with the weight exceeding 10 g, whereby cannabis was not classified according to quality (both leaves and flowers were included) and the analysis of 14 hashish samples. The average level of the active compound tetrahydrocannabinol (δ9-THC) in cannabis was 7 %. The lowest level measured was approximately 0.1 %, and the highest 24 %; however, in latter case, the buds were of extremely high quality. Hashish contained between 0.3 % and 13 % THC, or approximately 7 % on average. The quality of cannabis in 2009 is comparable with the quality in 2008.

Heroin mixtures: The monitoring in 2009 included 1,604 samples (exclusively brown heroin) with weight exceeding 0.1 g. The analyses showed that base-form heroin is prevalent on the market (92 % of samples). The minimum level of heroin was 0.2 %, and the maximum slightly above 50 %, the average level amounted to 25 %. At the street sale level (only samples weighing up to 1 g were taken into account), the average level varied according to regions. In the Upper Carniola (Gorenjska) region, on average, the samples contained the highest level of heroin (29 %), the lowest levels were detected on the territory of the Coastal region (Obala, 16 %) and Novo mesto (17 %), in other regions, the detected level amounted from 21 % to 25 %. The results of the analyses show that the street sale level heroin mixtures (samples up to 1 g) are comparable to large seizures of heroin mixtures (10 kg or over) in terms of quality, which points to the conclusion that the dilution of samples with various additives is carried out very early in the dealing chain. In 2009, all samples included a combination of active additives paracetamol and caffeine; inactive sample ingredients (e.g. sugar) were not determined. The quality of heroin mixtures in 2009 is comparable to 2008.

Cocaine mixtures: The monitoring in 2009 included 340 samples. In all analysed samples, cocaine was present in the form of hydrochloride; the levels listed below were calculated to base-form cocaine. The minimum level of cocaine was approximately 4 %, and the maximum level slightly above 87 %, the average level amounted to approximately 35 %. In comparison with 2008, we do not detect trends regarding the purity of cocaine mixtures. The cocaine level in street sale samples (up to a couple of grammes) was considerably lower (slightly over 30 %) than the level in “wholesale” samples (over 70 %), which indicates the dilution of cocaine in the later dealing stages. The most common active additives are: levamisole, lidocaine, creatine, caffeine, phenacetin and paracetamol; aspirin and salicylic acid were detected in individual cases. Levamisole is a very dangerous additive; it may cause serious health issues, of which the public has been informed within the framework of the early notification regarding new psychoactive substances. In 2009, the National Forensic

Laboratory detected levamisole in approximately 20 % of cocaine mixtures; the level of levamisole varied from 1 % to 13 %, the average level amounted to 2 %.

Amphetamine: The monitoring included 96 samples of amphetamine, mostly amphetamine sulphate with added caffeine in the majority of cases. The minimum level of amphetamine was 0.5, the maximum level was slightly above 33 % and the average level amounted to slightly more than 3 %. On average, the seized samples were of poorer quality than the samples seized in 2008, when the average amphetamine level amounted to 9 %.

MDMA: In 2009, we processed such a minimal number of seizures of MDMA, which has almost disappeared from the market, that the National Forensic Laboratory did not carry out monitoring and statistic analyses. They only determined the level of MDMA in one of the larger seizures in quantitative terms. The level of MDMA was 108 mg/pill.

New psychoactive substances: In 2009, we detected for the first time the mephedrone (4-methylmethcathinone) and 4-fluoroamphetamine; however, none of the cases featured larger quantities of seized substances. A larger seizure of mephedrone (55 g) was processed this year (2010). We have examined several cases of seized pills with the active substance m-CPP, which was first detected in 2009. New cases of synthetic cannabinoids were not processed in 2009. In 2010, we had a smaller seizure (0.11 g) of benzylpiperazine (BZP) and a seizure of approximately 11 g of a substance that contained methylone and butylone.

10.4 Price

In Slovenia, the price of illicit drugs on the unlawful market has not varied considerably in the past two years. Below, the prices of some of the illicit drugs sold unlawfully in the territory of Slovenia are presented.

PRICES PER 1 GRAM:

- Heroin: around 33 euros
- Cocaine: around 50 euros
- Cannabis: between 4 euros and 6 euros
- Hashish: between 6 and 8 euros
- Ecstasy: between 3 and 4 euros/pill
- Amphetamines: between 8 and 10 EUR
- LSD-blotter paper: data not available

PRICES PER 100 GRAMS:

- Heroin: around 2,500 euros
- Cocaine: around 3,150 euros
- Cannabis: between 300 euros and 450 euros
- Hashish: data not available
- Ecstasy: around 150, 200 euros/100 pills
- Amphetamines: between 600 and 650 euros
- LSD-blotter paper: data not available

PRICES PER KILOGRAM:

- Heroin: 22,000 euros–25,000 euros
- Cocaine: 30,000 euros–34,000 euros
- Cannabis: between 1.000 euros and 2.700 euros

- Hashish: data not available
- Ecstasy: around 1,700 euros (for 1,000 pills)
- Amphetamines: data not available

PART B:

Selected Issues

11. History, methods and implementation of national treatment guidelines *prepared by Milan Krek*

11.1 History and overall framework

In 1988, when Slovenia was still a part of Yugoslavia, the National Expert Committee for Alcoholism and other Toxicomania, operating within the National Health Committee, adopted the opinion that methadone programmes for treatment of drug addicts would not be implemented in Slovenia. At the time, the committee emphasised that doctors refusing to comply with the ban and implementing methadone programmes for drug addicts would be subject to strict sanctions. In addition, all prisons in Slovenia were sent instructions not to implement any methadone programmes nor keep methadone in prison clinics (Šoltes 1995). In 1989, the first methadone maintenance programme in Slovenia was started by psychiatrist Vesna Novak at the Vojnik psychiatric hospital. However, she was forced to cancel the programme a year later due to profession pressure (Nolimal 1995). As the number of opioid users was increasing uncontrollably, the need for an appropriate form of treating illicit drug dependence also grew. Psychiatric dependence treatment based on outpatient and inpatient treatment was the only form of treatment available to drug users at the time. In 1991, outpatient clinics for methadone prescription were established almost simultaneously in Koper and Ljubljana without a legal basis in existing national legislation. In Koper, Milan Krek implemented a dispensary treatment method combined with methadone prescription, referral of addicts to psychiatric treatment and therapeutic communities as well as social assistance for addicts, such as employment and field work with users. Moreover, he also began carrying out drug-related harm reduction programmes. The outpatient clinic for drug addicts in Ljubljana was organised within general medical practice and managed by Branka Čelan Lucu. This clinic also maintained contact with non-governmental organisations. No uniform rules on methadone prescription were imposed at national level; consequently, cases of methadone abuse were not uncommon in practice. As methadone was only available in two centres, many drug users who were not provided with suitable treatment would drive to these centres from distant locations and burden the clinics established primarily for local purposes. There was a great need for the establishment of appropriate guidelines, which would define conditions for admission to programme, programme development and programme funding.

The first guidelines for methadone treatment were drawn up in 1992 by various authors. While they were never adopted at national level, they did provide a good starting point for developing new guidelines. The group of doctors who prescribed methadone applied these guidelines in their work. In 1993, doctor Andrej Kastelic and his co-workers prepared new Recommendations for Doctors for Treatment of Illicit Drug Dependence. In 1994, a cross-sector meeting brought about the adoption of harmonised guidelines for methadone programme implementation, which were then adopted by the Health Council and confirmed by the Minister for Health in the same year (Nolimal 1995). Thus, the guidelines became the official guidelines for the treatment of illicit drug dependence in Slovenia (Zdravstveno varstvo 2005).

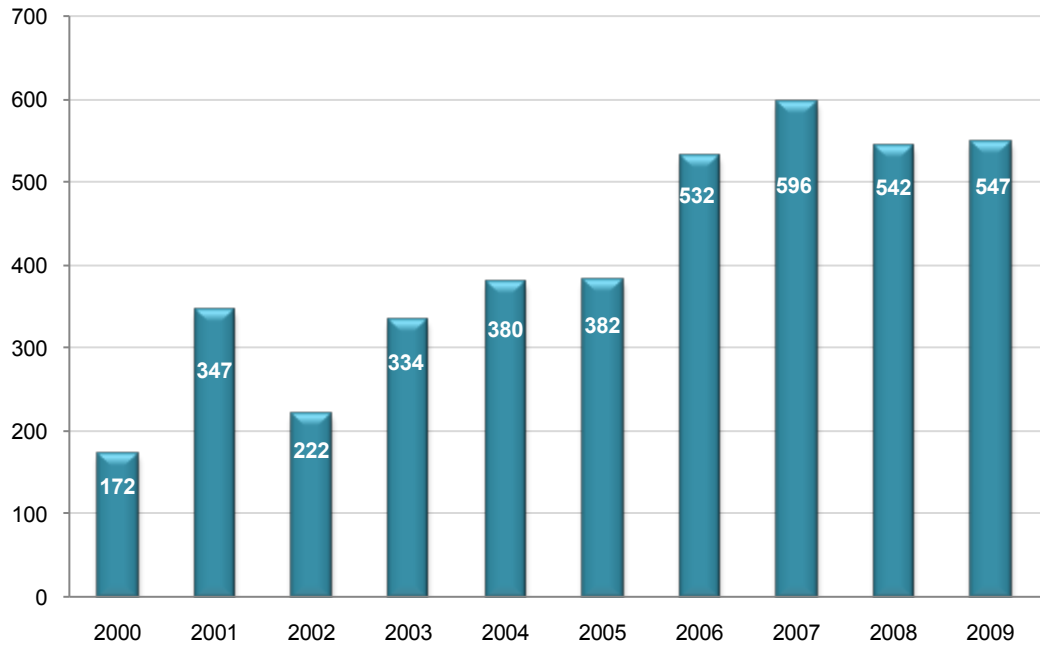
The legal basis for implementing the programme had not been defined precisely before the Act Regulating the Prevention of the Use of Illicit Drugs and the Treatment of Drug Users, which was adopted by the national assembly in 1999. The Act specifies that treatment under this act includes methadone maintenance and other substitution treatments approved by the

Health Council, the supreme professional coordination and advisory body of the Minister for Health in the field of health service, health care and health insurance. Furthermore, the Act defined the establishment of a network of centres for the prevention and treatment of illicit drug use in Slovenia, where substitution therapy for illicit drug dependence was also introduced. The Minister for Health was given the responsibility to designate the coordinating body for centres for the prevention and treatment of illicit drug use, which proposes the dependence treatment doctrine and verifies the implementation of the doctrine (recommendations) as well as coordinating professional cooperation between centres for the prevention and treatment of illicit drug use. The Act also specified that the structure and method of work related to the coordination of centres for the prevention and treatment of illicit drug use should be prescribed in more detail by the minister responsible for health. Moreover, the Ministry of Health is held responsible for supervising the work activity of centres for the prevention and treatment of illicit drug use and the treatment of illicit drug addicts in accordance with this Act (Official Gazette of RS, No. 98/1999). In 2002, the Ministry of Health adopted the Rules on supervising the work activity of centres for the prevention and treatment of illicit drug use, specifying in more detail the method of appointing the commission for the supervision of the work of centres as well as defining its operating rules (Official Gazette of RS, No. 43/2000). The Ministry also adopted the Rules on the structure and method of the work of services coordinating the centres for the prevention and treatment of illicit drug use in the same year. Under these rules, the members of the coordinating body are heads of centres for the prevention and treatment of illicit drug use, two representatives of the Ministry of Health of the Republic of Slovenia and two representatives of the Centre for Treatment of Illicit Drug Use. The centre coordinating body plans and submits the doctrine to the Health Council, verifies the implementation of the doctrine of illicit drug dependence treatment, and coordinates professional cooperation between centres for the prevention and treatment of illicit drug use in the Republic of Slovenia. The coordinating body can also propose the organisation of professional training to the Ministry of Health as well as suggest criteria for the work of experts in programmes for the treatment of illicit drug use to relevant professional organisations. Moreover, the centre coordinating body participates in preparing scholarly journals and other training materials and controls research projects conducted in centres for the prevention and treatment of illicit drug use in the Republic of Slovenia. The centre coordinating body cooperates with the Commission for Supervision of the Work of Centres for the Prevention and Treatment of Illicit Drug Use and may suggest regular or irregular supervision (Official Gazette of RS, No. 43/2000). The centre coordinating body was thus established as an expert body monitoring the implementation of recommendations in practice and suggesting recommendation updates. While exercising control, the Commission for Supervision of the Work of Centres for the Prevention and Treatment of Illicit Drug Use used guidelines first adopted within sectors and later by the Health Council. In its work, the commission also observed additional guidelines established by the coordinating body for centres for the prevention and treatment of illicit drug use. During the first years of operation, initial guidelines, which had been adopted by the Health Council, were constantly updated with additional decisions of the centre coordinating body, the process continues until this day. These guidelines considerably improved the performance of centres for the prevention and treatment of illicit drug use, facilitated the development of the network of centres for the prevention and treatment of illicit drug use, harmonised the approach to dependency treatment and enabled greater accessibility of treatment for drug users.

In 2001, the coordinating body for centres for the prevention and treatment of illicit drug use of the Ministry of Health of the Republic of Slovenia issued new methadone guidelines (Kastelic et al. 2001). The guidelines were translated from the original document published by Annete Verster in Ernest Buning in 2000 within the Euro-Methwork programme. These guidelines are, of course, regularly updated at regular meetings of the coordinating body for centres for the prevention and treatment of illicit drug use in accordance with its mandate.

In individual prisons prescribing methadone as a medicinal product for the treatment of dependence was already a common practice before 1994. Later the trend slowly spread to all Slovenian prisons, which began following guidelines adopted by the Health Council in 1994. 2001 saw the introduction of the principle of new methadone guidelines issued in the same year (Kastelic et al. 2001). In 2009, Centres for the Prevention and Treatment of Illicit Drug Use took over the treatment of dependence in prisons and have since provided treatment in line with the 1994 guidelines and the 2001 Methadone Guidelines (Uprava za izvrševanje kazenskih sankcij, 2009).

Figure 11.1: *Number of prisoners involved in methadone maintenance treatment in Slovenia prisons by year from 2000 to 2009*



Source: Prison Administration of the Republic of Slovenia

11.2 Existing guidelines for the treatment of illicit drug dependence

Recommendations for doctors for the treatment of illicit drug users.

They were confirmed by the Health Council of the Ministry of Health of the Republic of Slovenia in 1994. The guidelines were targeted at:

- doctors treating illicit drug addicts;
- general practitioners, gynaecologists and obstetricians;

- psychiatrists;
- hospital emergency departments;
- prison doctors.

The recommendations specified general principles in the use of medicinal products for the treatment of illicit drug addicts, conditions for admission to treatment programmes and conditions for methadone prescription.

The guidelines defined procedures for introducing methadone treatment, stabilisation of opioid addicts in methadone treatment and principles of hospital detoxification, including principles of outpatient detoxification. Moreover, the guidelines also dealt with necessary medicinal products and procedures in the treatment of illicit drug dependence, while the second part specified conditions for implementing the methadone maintenance programme according to regions.

The Centre Coordinating Body guidelines from 2001

The guidelines were formed on the basis provided by the Euro-Methwork international network. Slovenian experts participating in the centre coordinating body then updated the guidelines with experience gained in Slovenia. At the beginning, the guidelines include an overview of doctrines of methadone use for medical purposes in the EU. The second chapter provides evidence of effective methadone use for medical purposes with significant emphasis on effective control of the spread of HIV among drug users involved in methadone maintenance treatment. The use of methadone for medical purposes reduces drug injection and the danger of HIV infection and hepatitis C spreading among drug users. Appropriate methadone treatment also causes a significant decrease in the overdose death rate among drug users. Another important side effect of methadone treatment is increased employment and education opportunities and a considerably lower rate of criminal offences committed by the individuals involved. In addition, such programmes are highly efficient in terms of public health and, given their efficiency, also cost effective. The guidelines further present good clinical practice based on good clinical diagnostics and assessment of the dependence level for individual persons. This is followed by treatment planning, which aims at reaching certain goals. In relation to goals and opportunities, planning defines various forms of treatment, such as short-term detoxification, long-term detoxification, short-term maintenance programmes and long-term maintenance programmes. Special attention is placed on introducing methadone treatment, with all necessary procedures related to introducing methadone therapy precisely defined. The guidelines also include recommended detoxification regimes and suggestions for the maintenance programme, highlighting the importance of the daily methadone dose. Additional emphasis is placed on especially vulnerable groups, such as: pregnant women, new-borns, adolescents, persons infected with HIV or hepatitis, persons suffering from mental disorders, polytoxicomaniacs, members of minority and ethnic groups, persons serving a prison sentence and travelling drug addicts. Another important part of the guidelines defines the use of other substitute products and the method for the distribution of methadone. A special chapter deals with programme organisation and includes human resources needs, human resources training and team work organisation. Finally, the guidelines provide crucial information on how programme users can become involved in programme development and implementation, while the fifth chapter defines programme evaluation (Kastelic et al. 2001).

11.3 Guideline implementation

In Slovenia, the guidelines for the prescription of substitute medication and treatment of illicit drug dependence are always introduced through the network of centres for the prevention and treatment of illicit drug use. Based on decisions made by the coordinating body for centres for the prevention and treatment of illicit drug use, heads of centres must ensure the implementation of guidelines in everyday practice. Other fields, for instance, surgery, obstetrics, etc., are familiarised with guidelines through the centre coordinating body. The latter they forward guidelines to professional organisations, which then pass them on to doctors. Centres for the prevention and treatment of illicit drug use cooperate with regional health care institutions and doctors, providing them with guidelines when necessary. Doctors employed in centres for the prevention and treatment of illicit drug use also work as external professional counsellors in the field of the treatment of illicit drug use at health care institutions and prisons. Generally, maintenance therapy is always introduced within the network of centres for the prevention and treatment of illicit drug use. As the discipline of addictology is developing rapidly, all novelties in the field are considered by the coordinating body for centres for the prevention and treatment of illicit drug use and regularly integrated in the guidelines system. Thus, the guidelines presented serve as a basis which is constantly updated to include new approaches in line with the modern development of science and clinical practice in the field.

11.4 Comparison with WHO guidelines

Choice of treatment

In Slovenia, illicit drug addicts can freely decide in favour of a form of treatment of illicit drug dependence that they find most suitable. They can enter a therapeutic process at Centres for the Treatment of Illicit Drug Dependence, which have no waiting period and implement various forms of dependence treatment. In Slovenia, doctors conduct the following forms of substitution treatment for treating opioid dependence:

1. methadone;
2. combination of buprenorphine and naloxon in a 4: 1 ratio;
3. slowly releasing morphine;
4. buprenorphine.

Illicit drug users can also attend the following programmes without a waiting period:

1. low-threshold programmes, where activities are aimed primarily at reducing the harm caused by illicit drug use;
2. therapeutic communities;
3. rehabilitation programmes.

Associated mental disorders are also treated in outpatient psychiatric clinics and psychiatric hospitals. It must be pointed out that cooperation between all programmes is at a high level, thus enabling programme users to move between programmes in a smooth and timely manner.

Management of withdrawal

In Slovenia, withdrawal as a result of opioid discontinuation is first treated with psychosocial therapy; if the latter proves unsuccessful, medical therapy with non-opioid medication is introduced (analgesics, sedatives and soporifics). In case of failure and after consultation

with a psychiatrist, the doctor and the patient may decide in favour of substitution treatment for dependence. Counselling, family therapy and behavioural therapy are also organised in the process.

The following forms of **outpatient treatment** of withdrawal are available in Slovenia:
1. detoxification and establishment of abstinence without medical therapy and with the help of psychotherapy;
2. detoxification with the help of non-opioid medication;
3. detoxification with the help of opioid medication;
   a) short-term detoxification with opioid medication;
   b) long-term substitution treatment with opioid medication, lasting more than 6 months.

Most outpatient forms of detoxification can also be carried out in prisons, whereas slowly releasing morphine may not be used there.

Hospital detoxification

This is carried out in the Ljubljana centre for treating drug addicts as hospitalisation. Detoxification is carried out at the inpatient unit, using medical therapy as well as psychosocial treatment and interventions.

Dependence treatment in pregnancy

When pregnancy is confirmed, the user of illicit drugs is advised to immediately begin substitution maintenance treatment of opioid dependence. Maintenance therapy is provided until the end of pregnancy, using methadone or buprenorphine. In this case, doctors from centres for the prevention and treatment of dependence work together with gynaecologists who monitor the pregnancy, social services and non-governmental organisations which administer pregnancy programmes.

WHO guidelines coherence

	Name of Assessors: Milan Krek IVZ	Yes	No	Not Applicable specify	No answer
1.	**Choice of treatment**				
1.2	For the pharmacological treatment of opioid dependence, clinicians should offer opioid withdrawal, opioid agonist maintenance and opioid antagonist (naltrexone) treatment, but most patients should be advised to use opioid agonist maintenance treatment. Do the present guidelines include this recommendation?	x	□	□	□
1.3	For opioid-dependent patients not commencing opioid agonist maintenance treatment, consider antagonist pharmacotherapy using naltrexone following the completion of opioid withdrawal. Do the present guidelines include this recommendation?	□	□	□	□

2	**Opioid agonist maintenance treatment**	x	□	□	□
2.1	For opioid agonist maintenance treatment, most patients should be advised to use methadone in adequate doses in preference to buprenorphine. Do the present guidelines include this recommendation?	x			
2.2	During methadone induction, the initial daily dose should depend on the level of neuroadaptation; it should generally not be more than 20 mg, and certainly no more than 30mg. Do the present guidelines include this recommendation?	x	□	□	□
2.3	On average, methadone maintenance doses should be in the range of 60–120 mg per day. Do the present guidelines include this recommendation	x	□	□	□
2.4	Average buprenorphine maintenance doses should be at least 8 mg per day. Do the present guidelines include this recommendation?	x	□	□	□
2.5	Methadone and buprenorphine doses should be directly supervised in the early phase of treatment. Do the present guidelines include this recommendation?	x	□	□	□
2.6	Take-away doses may be provided for patients when the benefits of reduced frequency of attendance are considered to outweigh the risk of diversion, subject to regular review. Do the present guidelines include this recommendation?	x	□	□	□
2.7	Psychosocial support should be offered routinely in association with pharmacological treatment for opioid dependence. Do the present guidelines include this recommendation?	x	□	□	□

3	**Management of opioid withdrawal**	Yes	No	Not Applicable specify	No answer
3.1	For the management of opioid withdrawal, tapered doses of opioid agonists should generally be used, although alpha-2 adrenergic agonists may also be used. Do the present guidelines include this recommendation?	x	□	□	□
3.2	Clinicians should not routinely use the combination of opioid antagonists and minimal sedation in the management of opioid withdrawal. Do the present guidelines include this recommendation?	x	□	□	□
3.3	Clinicians should not use the combination of opioid antagonists with heavy sedation in the management of opioid withdrawal. Do the present guidelines include this recommendation?	x	□	□	□
3.4	Psychosocial services should be routinely offered in combination with pharmacological treatment of opioid withdrawal. Do the present guidelines include this recommendation?	x			

4	Pregnancy				
4.1	Opioid agonist maintenance treatment should be used for the treatment of opioid dependence in pregnancy. Do the present guidelines include this recommendation?	x	□	□	□
4.2	Methadone maintenance should be used during pregnancy in preference to buprenorphine maintenance for the treatment of opioid dependence; although there is less evidence about the safety of buprenorphine, it might also be offered. Do the present guidelines include this recommendation?	x	□	□	□

WHO guidelines coherence:

		Yes	No	Not Applicable specify	No answer
1.	Do the present guidelines agree with the “Clinical guidelines for withdrawal management and treatment of drug dependence in **closed settings**” **in hospitals**	x	□	□	□

12. The cost of drug-related treatment in Europe: a comparative analysis *prepared by Milan Krek*

12.1 Introduction

In Slovenia, there has been an increasing need to finance the treatment programmes for illicit drug addiction since 1990. In the past 20 years, various forms of financing have evolved enabling the development of programmes and the availability of programmes for drug users. Nowadays in the Republic of Slovenia, the programmes for illicit drug addiction treatment are financed through various methods of financing.

12.2 National overview of funding sources and allocated disbursement for drug treatment

Funding sources for programmes for illicit drug addiction treatment in Slovenia

National budget

The country of Slovenia finances governmental and non-governmental organizations through budget funds. The state allocates a portion of the funds to state programmes through regular programmes carried out by public institutes and services founded by the state. It is difficult to establish the exact quantity of funds allocated in this manner to various institutes, such as the institutes of public health and centres for social work, as the funding of these institutes is ensured for the programme they are carrying out and is confirmed by the institute council, where the majority of the members are representatives of the government. The state allocates the funds for the non-governmental sector through public tenders, to which any programme can apply. The state establishes the quantity of funds allocated to each programme according to the conditions laid out in the terms of the invitation to tender. The state occasionally carries out programme evaluations in order to gain additional information on their success, which also represents the basis for the allocation of funding sources. In 2009, the Ministry of Labour, Family and Social Affairs allocated 2,713,129.37 euros to programmes in the field of the treatment of users of illicit drugs for their implementation in 2010. They transfer money to 21 multi-year programmes and 40 one-year programmes which are included in the social rehabilitation. The sources are primarily intended to cover the costs of the professional staff and material costs related to the implementation of the programme app. in 80% of all budget. The implementers can only enter the programme network through the regular programme of social security. They can be co-financed as a one-year programme; if they are verified, they can be co-financed as a multi-year social security programme for the period of 5 years. Multi-year programmes receive the funds on a monthly basis, whereas one-year programmes receive the funds twice per year, the first part of the payment is received upon signing the contract and the second part in the month of September for the period of the last five months of the calendar year. Smaller programmes in the value up to 1,500 euros receive a one-time payment. The Ministry of Labour, Family and Social Affairs divides the programmes into three groups: high-threshold programmes, low-threshold programmes and preventive social security programmes. Through an open tender, the Ministry of Health allocated 121,414 euros to the financing of illicit drug-related programmes for two years, 2009 and 2010 (Official Gazette of the Republic of Slovenia, No. 28/09).

Regional level

Slovenia is not yet divided into regions; consequently, there are no mechanisms for financing drug-related treatments on a regional level.

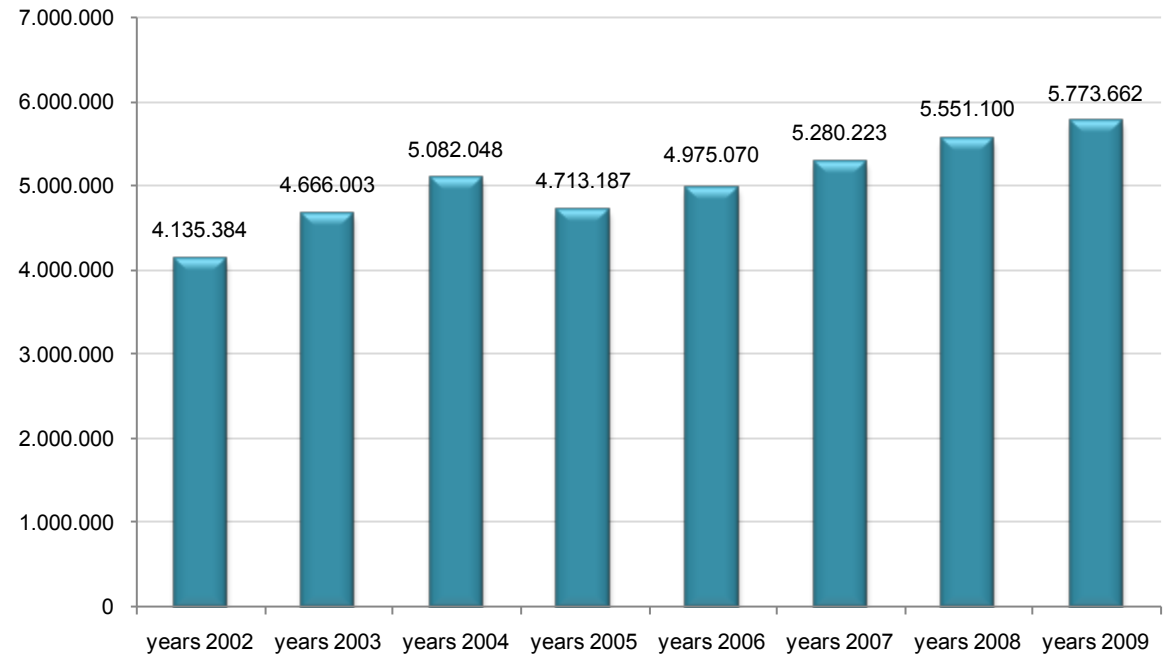
Local level

In Slovenia, there are 210 local communities with their own budget funds. A portion of the funds is allocated to the programmes of prevention, treatment, rehabilitation and "harm reduction" activities. It is difficult to establish the amount of funds as this data is not collected in one place. Local communities allocate the financial funds through public tenders, in which they determine the priorities for the current year on an annual basis. Individual local communities have founded local action groups in the field of drugs, which usually decide on the priorities and in some cases also determine the amount of funds co-financed by the local community, evaluate the programmes and lead the policy in the field of dealing with drugs on a local level.

Other funding sources

Slovenia has one health insurance company. The Health Insurance Institute allocated 40,176,677 euros to addiction treatment programme in the years from 2002 to 2009. The amount of funds allocated in individual years is shown in Figure 12.1. These funds are intended for the operation of centres for the prevention and treatment of illicit drug addiction and providing medication for the programme participants.

Figure 12.1: *Funds allocated by the Health Insurance Institute of Slovenia for addiction treatment programmes in Slovenia, from 2002 to 2009, in euros*



Source: Health Insurance Institute of Slovenia

The largest foundation co-financing drug-related programmes in Slovenia is the Fundacija za financiranje invalidskih in humanitarnih organizacij (Foundation for financing organizations of persons with disability and humanitarian organizations in the Republic of Slovenia). In 2009, the FIHO foundation allocated 240,156 euros to drug-related programmes that were all organized as NGOs. In 2010, the foundation allocated 307,883 euros to these programmes.
In Slovenia, individuals and companies make donations in assets and money. The majority of local communities do not charge rent to NGOs, which represents a certain type of donation. There is no overview of donations available, as this data is not compiled and the commercial records of the societies are not published.

All programmes are also financed from annual membership fees paid by the society's members. In addition to the financial inflow, which is extremely low, individual programmes also charge contributions of the individuals in varying amounts. The amount of the contribution depends on the operation of the society and the decision of the society management.

PART C:

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Annexes

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