National Institute of Public Health

REPORT ON THE DRUG SITUATION 2011 OF THE REPUBLIC OF SLOVENIA

European Monitoring Centre for Drugs and Drug Addiction

National Institute of Public Health

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

REITOX

REPORT ON THE DRUG SITUATION 2011 OF THE REPUBLIC OF SLOVENIA

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SUMMARY

Chapter 1

On the legislative side, there are amendments being prepared for two acts relating to drugs. Amendments to the Penal Code relate to Articles no. 186 and 187 that regulate illicit production of and trafficking in illicit drugs, illicit substances in sports and precursor substances for manufacturing illicit drugs and enabling consumption of illicit drugs or illicit substances in sports. The proposed amendments to the Production of and Trade in Illicit Drugs Act regulate the field of food products that may contain illicit substances. In 2010, the Government of the Republic of Slovenia amended the Decree on the Scheduling of Illicit Drugs adding a new substance, tapentadol and the Commission of the Republic of Slovenia for Drugs confirmed the new draft National Programme in the Field of Drugs. The analysis on the current situation with the local action group (LAG) network has shown a substantial decline in the number of LAGs in Slovenia, with their number dropping from the 55 LAGs operating in 2006 to 28 LAGs in 2010.

In Slovenia, the majority of programmes in the field of drugs are still financed from the national budget and through the Health Insurance Institute of Slovenia. Some resources are obtained from different foundations and from membership fees of NGO members. Available data allow us to estimate that at least EUR 9,699,283.01 were allocated to solving the illicit drugs problem in 2010.

Chapter 2

There was a pilot study conducted in Slovenia in 2010 on drug use in the general population aged 15 to 64, whose data show that 17% of those participating in the study had tried some form of illicit drugs at one point in their life. The majority of respondents had tried cannabis or hashish, followed by cocaine, ecstasy and amphetamines. According to the Health Behaviour in School-Aged Children study (HBSC 2010), 23.2% of 15-year-olds have tried smoking cannabis. Following a decline in the share of 15-year-olds who have already tried smoking cannabis between the years 2002 and 2006, we are again seeing an increase in this share in the 2006 to 2010 period. A survey of cocaine use conducted among pub, night club and electronic music party goers has shown that cocaine is used by 57.2% of respondents. An online survey of mephedrone that included former and present mephedrone users has shown that this illicit drug is still used by 46.2% of respondents, while the others have discontinued mephedrone use.

Chapter 3

In the first half of 2011, a review of 116 different prevention activities was conducted showing that the most perceived prevention activities are aimed at school settings and that primary school children and parents are most often the target population for these activities. In 2010,

an international prevention pilot project, EU-Dap Izštekani (Unplugged), was launched in selected primary schools across Slovenia that aimed at drug use prevention by improving psychosocial skills. Through the “Izberi sam” (Choose Yourself) programme, 186 workshops aimed at informing youth on the adverse effects of alcohol were implemented. The “Ne-odvisen.si” (You Are In-Dependent) programme providers visited 25 Slovenian municipalities in 2010 organising all-day interactive events for children, youth and parents. In the context of the After Taxi programme, subsidised taxi transportation was provided in Ljubljana and Maribor to youth between the ages of 16 and 30 who attend parties where they use psychoactive substances.

In 2010, the 5th national prevention action, “40 dni brez alkohola” (40 Days without Alcohol), was carried out, this time with the underlying message “For more real joy without alcohol”. The action called attention to the consequences of excessive alcohol use and encouraged the general public to have fun without alcohol. The “0.0 Šofer” (0.0 Driver) national campaign aimed at reducing harmful and risk-related alcohol use in connection with road traffic safety was carried out in June, November and December 2010. At that time, police officers and competent investigating bodies exercised an increased level of control over the compliance with the provisions of the Act Restricting the Use of Alcohol. The main theme of the prevention month in 2010 focused on local communities with the slogan “Local Community in Action – Cooperation and Challenges in Prevention”.

Chapter 4

The results of a survey on drug users from low-threshold programmes, who are by definition classified as problem drug users, have shown that the population of problem drug users included in these programmes is getting older, while on the other hand, there is a growing number of young problem drug users, who are not included in the programmes. The use of more than one drug is very frequent among problem drug users. However, the use of heroin still prevails, followed by cocaine, marijuana and synthetic drugs, while the use of alcohol is on the increase. The majority of those who use heroin and cocaine inject these drugs.

Chapter 5

According to data gathered by the Treatment Demand Indicator questionnaire, there were 3,332 persons registered in 18 Centres for the Prevention and Treatment of Illicit Drug Addiction and the Centre for Treatment of Drug Addiction at the Ljubljana Psychiatric Clinic in 2010, out of which 2,535 were participating in continuous maintenance treatment and 797 persons were participating in the treatment programmes, either for the first time or once again in 2010. It is evident that heroin is the primary drug for which users sought help in 2010 in treatment programmes either for the first time or once again. Most frequently listed first additional drug was cocaine, followed by alcohol, cannabis and hypnotics and sedatives. Compared to the year before, a smaller share of users sought help due to cocaine as the primary drug. The primary drug, heroin, was used by more than one half of users every day, however a substantially smaller share of users used it intravenously in the last 30 days compared to last year. A vast majority of drug users, who entered the treatment programme

either for the first time or once again, is unemployed. The share of employed users is stagnating and we can see a growth in the number of persons who have completed post secondary education, higher education or an academy, and of those who have not completed elementary school.

Chapter 6

Among saliva samples of injecting drug users collected for unlinked anonymous testing for HIV surveillance purposes, a single sample was positive for HIV antibodies in 2010. The prevalence of antibodies against hepatitis B virus (HBV; anti-HBc) among confidentially-tested injecting drug users treated within the network of Centres for the Prevention and Treatment of Illicit Drug Addiction was 5.3% in 2010, while the prevalence of antibodies against hepatitis C virus (HCV) was 21.5%. 51 patients were treated due to illicit drug poisoning at the medical emergency department at the University Medical Centre in Ljubljana in 2010. The highest number of poisonings was related to heroin and the combination of heroin and other drugs. In 2010, 25 direct deaths due to use of illicit drugs were registered in Slovenia, 21 male and 4 female deceased persons. The most common illicit drug to cause poisoning was heroin, followed by methadone and cocaine. There were no deaths due to cocaine in 2009.

Chapter 7

The prevention of drug-related emergencies and deaths and the prevention of drug-related infectious diseases are implemented within the framework of the public healthcare network – at Centres for the Prevention and Treatment of Illicit Drug Addiction – and within the framework of non-governmental organisations, i.e. at low-threshold harm reduction programmes. In addition, as part of the Ministry of Health, an interministerial working group for the early-warning system on new psychoactive substances in Slovenia, which regularly informs the expert public and drug users on the occurrence of dangerous and new psychoactive substances, was formed. A 24-hour toxicological information and consulting service, which offers support to all Slovenian doctors in the treatment of patients intoxicated with illicit drugs, is operating at the Ljubljana University Medical Centre within the Department of Toxicology.

Chapter 8

In 2010, social work centres registered 357 treatments related to the illicit drugs problem. In 2010, over 8,400 users participated in social care programmes from the field of illicit drugs that are co-financed by the Ministry of Labour, Family and Social Affairs. The evaluation of low- and high-threshold programmes from the field of illicit drugs has shown that these programmes were predominantly or to a high degree financed from public funds, that the majority of employees have completed level six or seven of education and that they dedicated from 60% to 80% of time to direct work with drug users. In the first half of 2010, there were from 74 to 650 users included in low-threshold programmes and from 119 to 768 in high-threshold programmes.

Chapter 9

In 2010, the police recorded 1,969 criminal offences (according to the Penal Code) and 3,328 minor offences (according to the Production of and Trade in Illicit Drugs Act) from the field of illicit drugs and dealt with 2,240 persons suspected of involvement in a criminal offence from the field of drugs. In 2010, cannabis remains the illicit drug related to the majority of criminal and minor offences. The police ordered 1,501 professional examinations to establish the presence of illicit drugs and other psychoactive substances in drivers with 870 analyses returning a positive result. Most commonly the drivers were driving under the influence of opiates, methadone and cocaine. Judicial police officers discovered 105 cases of illicit drugs in prisons, with cannabis being the leading discovered illicit drug followed by heroin. In terms of total quantity of drugs discovered by judicial police officers, heroin is followed by cannabis, cocaine and hashish.

Chapter 10

Compared to the year before, in 2010 Slovenia has detected a decline in the total quantity of seized illicit drugs such as heroin, cocaine, ecstasy and cannabis; the only exception being tablets of amphetamines, where the quantity of seized tablets is on the increase. The police also noted an increase in the production of cannabis, with the Slovenian police recording 11 sites organised for the cultivation of cannabis under artificially established conditions in 2009 and 42 such sites in 2010. The prices of illicit drugs – heroin, cannabis, ecstasy and amphetamines – have not changed considerably and have more or less remained on the same level in the past five years. There was an increase in the price of cocaine, the main reason being the greater purity of this drug. The average concentrations of illicit drugs in Slovenia, such as cocaine and amphetamines, remained constant in 2010, similar to the past years, with the concentration of heroin decreasing in 2010.

Chapter 11

In 2010, there were a total of 4,765 persons dealt with in all penal institutions. From the 1,215 prisoners, who had a drug problem, 538 received methadone treatment. According to test results for 2010, one prisoner was infected with HIV, hepatitis B was confirmed in 11 prisoners and hepatitis C in 60 prisoners.

In 2009, institutional clinics became part of public health services, which means that regional health centres became implementers of healthcare for prisoners. All required specialist and hospital treatments are also organised outside penal institutions. Regional health centres provide penal institutions with clinics for drug addicts. The medical personnel provide prisoners with help when suffering from drug withdrawal, substitution treatment, urine screening, counselling and education on the dangers of HIV infections and infections with hepatitis viruses and encourage them to get tested and vaccinated against hepatitis B and if so required also treated. Within the framework of available human resources, the professional staff at the institutions implement psychosocial programmes enabling prisoners to achieve higher goals in their treatment of addiction. In 2010, 619 persons with a drug problem were involved in such programmes.

Three different surveys on women using drugs during pregnancy have shown that these women were more often single, had a lower education level and less partner support compared to other birthing mothers, who did not have a drug problem. Compared to other birthing women, they had their first gynaecological exam later and more frequently smoked during pregnancy. Amongst newborn children of drug using mothers, there were more preterm deliveries with lower birth weight, more premature babies and more intra uterine growth retarded babies than amongst other newborns. Several babies were born with medical problems (disabilities, neonatal abstinence syndrome and irritability) and several were transferred to intensive care units. The share of breastfed babies was also lower than the share of breastfed babies of women who did not have a drug problem.

A recent study has shown that there are 166 illicit drug using mothers in total participating in the 17 Centres for the Prevention and Treatment of Illicit Drug Addiction and in the Centre for Treatment of Drug Addiction at the Ljubljana Psychiatric Clinic.

The difficulties and distress of drug using parents are dealt with in the context of the social care system, whose legal framework is set by the Social Security Act, while the basic reference lines for the treatment of social distress and difficulties are represented by the national programme of social care. The professional activities aimed at dealing with social issues are carried out by social work centres, whose jurisdiction also relates to part of the family policy referring to marriage, parents-children relationships, adoptions, foster care and custody as well as the field of parental protection and family income.

In Slovenia, parents who are drug users, receive different forms of assistance from Centres for the Prevention and Treatment of Illicit Drug Addiction, social work centres and some non-governmental organisations. End of 2010, a high-threshold programme for addicted mothers or parents that enables children to participate together with their mothers began being implemented. In addition to social rehabilitation and treatment of addiction, the programme emphasises the role of parenting and cohabitation with the child.

PART A:

NEW DEVELOPMENTS AND TRENDS

1. DRUG POLICY: LEGISLATION, STRATEGIES AND ECONOMIC ANALYSIS

On the legislative side, there are amendments being prepared for two acts relating to drugs, i.e. the Penal Code and the Production of and Trade in Illicit Drugs Act. The Ministry of Justice is thus preparing a proposal of amendments to the Penal Code, with the amendments relating also to Articles no. 186 and 187 that regulate illicit production of and trafficking in illicit drugs, illicit substances in sports and precursor substances for manufacturing illicit drugs and enabling consumption of illicit drugs or illicit substances in sports. The proposed amendments to the Production of and Trade in Illicit Drugs Act prepared by the Ministry of Health predominantly regulate the field of food products that may contain illicit substances.

In 2010, the Government of the Republic of Slovenia amended the Decree on the Scheduling of Illicit Drugs adding a new substance, tapentadol. It has been established that tapentadol's potential for dependency and abuse is similar to that of analgesics such as morphine and hydromorphone. The Agency for Medicinal Products and Medical Devices of the Republic of Slovenia has thus proposed that tapentadol be classified into the same group as the mentioned two substances, i.e. Group II of the Decree on the Scheduling of Illicit Drugs.

End of 2010, the Commission of the Republic of Slovenia for Drugs confirmed the new draft National programme in the Field of Drugs. As the illicit drugs problem is dealt with in an exceptionally interministerial and multidisciplinary manner, the solutions proposed by this programme encompass the field of preventing supply of illicit drugs as well as the field of prevention, treatment and social treatment. Among other objectives and tasks of the new draft National Programme in the Field of Drugs, special emphasis is placed on providing support: to programmes aimed at preventing use of illicit drugs with the aim of reducing the number of new drug users among the younger generation and reducing the number of offences and criminal acts relating to illicit drugs; to programmes aimed at helping maintain or reduce the number of those infected with HIV and hepatitis B and C and overdose deaths; to programmes providing psychosocial assistance to drug users, therapeutic communities and communes and reintegration programmes for former drug addicts; to co-ordinating structures in the field of drugs on local and state level; to activities aimed against organised crime, illicit trafficking in drugs and precursors, money laundering and against other forms of drug-related crimes.

In May 2010, the Slovenian Association of Societies for Drug Dependency organised a national conference where non-governmental organisations dealt with the realisation of the previous National Programme in the Field of Drugs and provided framework content proposals for a new national strategy in the field of drugs. In the conference conclusions,

non-governmental organisations stressed that in the future, they need to be actively included in preparations of a new national programme and also proposed that the health and social area of operations be more closely linked.

At the initiative of the Ministry of Health, an Analysis of viewpoints of non-governmental organisations on the old Resolution on the National Programme in the Field of Drugs was conducted in May 2010. The analysis has shown that non-governmental organisations saw the past resolution as a good general document that provided some important guidelines but failed to come to life in reality, as it did not give grounds to a new action plan that would determine the tasks in more detail together with the subjects responsible for their implementation.

In 2010, there was an analysis conducted on the current situation with the local action group (LAG) network that has shown a substantial decline in the number of local action groups in Slovenia. This analysis showed that there are currently 28 LAGs operating in Slovenia, while there were 55 operating in 2006.

In Slovenia, programmes in the field of drugs are financed through different sources. The majority are still financed from the national budget and through the Health Insurance Institute of Slovenia. Some resources are obtained from different foundations and from membership fees of members of non-governmental organisations. Available data allow us to estimate that at least 9,699,283.01 EUR were allocated to solving the illicit drugs problem in 2010.

1.1 Legal framework

Slovenia is a signatory successor of all United Nations conventions on illicit drugs. The Slovenian legislation, which was adopted in 1999 and 2000, is based on the provisions of these conventions and is aligned with the EU acquis and the guidelines laid down by the Council of Europe. As the ministry responsible for the field of drugs, the Ministry of Health prepares modernisations to relevant legislation based on the proposals submitted by competent institutions and the evaluation of the implementation of legislation.

In the Republic of Slovenia, the field of illicit drugs is regulated by the following acts and decrees:
The Penal Code of the Republic of Slovenia (Official Gazette of the Republic of Slovenia, No. 55/08, 66/08 – amend. and 39/09) regulates two (major) criminal offences related to illicit drugs in the chapter relating to criminal offences against human health. Article 186 of the Penal Code regulates the criminal offence of "Illicit production of and trafficking in illicit drugs, illicit substances in sports and precursor substances for manufacturing illicit drugs" and Article 187 of the Penal Code regulates the criminal offence of "enabling consumption of illicit drugs or illicit substances in sports." This year, the Ministry of Justice is preparing a proposal on the amendment of the Penal Code that includes some proposals of amendments to both Articles dealing with the field of drugs.

The Production of and Trade in Illicit Drugs Act (Official Gazette of the Republic of Slovenia, No. 108/99, 44/00, 2/04 – ZZdrI-A and 47/04 – ZdZPZ) deems illicit drugs as plants and substances of natural or synthetic origin which have psychotropic effects and which can influence a person's physical or mental health or threaten a person's appropriate social status. Article 3 of this Act classifies illicit drugs into three groups with regard to the seriousness of the human health risks which may be a consequence of their abuse, and with regard to their use in medicine. The act further determines conditions under which production of, trade in and possession of illicit drugs are allowed. The act also serves as basis for classifying illicit drugs into three groups with regard to the seriousness of the human health risks which may be a consequence of their abuse, and with regard to their use in medicine. There is coalition harmonisation in progress on the proposal of amendments to this act that have been prepared by the Ministry of Health. In addition to some technical harmonisations with other relevant legislation, these amendments also regulate the field of food products that may contain illicit substances.

Among other points, the Act Regulating the Prevention of the Use of Illicit Drugs and the Treatment of Drug Users (Official Gazette of the Republic of Slovenia, No. 98/99) defines treatment and solving social problems related to drug use. This act specifies methadone and other substitution maintenance treatments confirmed by the Health Council as drug treatment. This act determines the measures and activities that should contribute to reducing the supply of drugs. These measures and activities include different informative campaigns and preventive programmes, health and social activities, harm-reduction programmes (supply of sterile equipment) and activities related to monitoring and analysing drug use.

The Government of the Republic of Slovenia adopted the classification of illicit drugs with the Decree on the Scheduling of Illicit Drugs (hereinafter: the Decree) in the year 2000.

At the proposal of the Ministry of Health, the Government of the Republic of Slovenia amended the Decree on the Scheduling of Illicit Drugs in 2010 (Official Gazette of the Republic of Slovenia, No. 49/00, 8/01 – amend., 49/01, 78/02 53/04, 122/07, 102/09 and 95/10) with a new substance, tapentadol. Tapentadol is a centrally acting analgesic with a dual mode of action as an agonist at the μ-opioid receptor and as a norepinephrine reuptake inhibitor. A medicinal product with this substance has already been approved by the US Food and Drug Administration and in the individual EU member states, while in other states approval procedures are pending. It has been available in clinical practice since 2009, which means that its potential for abuse and dependency can be assessed only on the basis of non-clinical and clinical data obtained during the development of the medicine. It has been established that tapentadol’s potential for dependency and abuse is similar to that of analgesics acting at the μ-opioid receptor, such as morphine and hydromorphone. It was for this reason that the Agency for Medicinal Products and Medical Devices of the Republic of Slovenia proposed that tapentadol be classified into the same group as the mentioned two substances, i.e. Group II of the Decree on the Scheduling of Illicit Drugs, which means that registration procedure for the medicinal product may begin.

1.2 Action plan, strategy, evaluation and coordination

The Slovenian policy in the field of drugs began to be shaped in the early 1990s at the initiative of the Deputies' Club of the Democratic Party at the National Assembly of the Republic of Slovenia at the time. The mentioned Assembly adopted the national programme by adopting the "Positions and Resolutions of the Slovenian Assembly on the National Programme on the Prevention of Drug Abuse in the Republic of Slovenia" and instructed the Government of the Republic of Slovenia to set up a committee for the prevention of drug abuse as an interministerial body in order to realise its implementation within the framework of the Health Council.

The new draft National Programme in the Field of Drugs was confirmed end of 2010 by the Commission of the Republic of Slovenia for Drugs. The interministerial working group preparing the document included representatives of ten different ministries together with representatives of the research community and non-governmental organisations. The document is ready for further processing. On national level, this field is coordinated by the Commission of the Republic of Slovenia for Drugs and the Ministry of Health is responsible for coordinating the field of drugs on governmental level. On local level, local action groups remain the main coordinators of activities in local communities. In Slovenia, programmes in the field of drugs are financed through different sources. The majority are still financed from the national budget and through the Health Insurance Institute of Slovenia.

Civil society organisations have actively participated in the preparation of the new national programme. On 13 May 2010, the Slovenian Association of Societies for Drug Dependency organised a national conference with the aim of dealing with the realisation of the previous National Programme in the Field of Drugs and providing framework content proposals for a new national strategy on drugs. In the conference conclusions, non-governmental organisations stressed that in the future, they need to be actively included in preparations of a new national programme. Non-governmental organisation further proposed that the health and social area of operations be more closely linked. After the conference, the Ministry of Health asked the Slovenian Association of Societies for Drug Dependency to prepare a special analysis on the implementation of the previous National Programme in the Field of Drugs and content expectations from the new document.

The main findings of the Analysis of viewpoints of non-governmental organisations on the previous Resolution on the National Programme in the Field of Drugs (hereinafter the ReNPFD) are that[1]: non-governmental organisations saw the ReNPFD as a good general document that provided some important guidelines but failed to come to life in reality, as it did not give grounds to a new action plan that would determine the tasks in more detail together with the subjects responsible for their implementation. Approximately one half of non-governmental organisations stated that they used the ReNPFD as support in shaping their strategy and vision and that it directed their development. It was important in recognising state policy in this field and served as basis for tenders both home and in the

[1] Source: the Slovenian Association of Societies for Drug Dependency Perspective of the Slovenian National Programme in the Field of Drugs for the 2010 – 2014 Period – Review and Proposals of the NGO Sector Final Report Ljubljana, July 2010

broader European area. They leaned on the ReNPFD in implementing preventive actions, working with people with a double diagnosis, low and high-threshold programmes and in interpreting research and employee structures. The social reintegration of drug users also became an important content area. The ReNPFD played an important part in the field of preventive programmes implemented in schools and in programmes aimed at reducing damage. The remaining NGOs used the ReNPFD to help them recognise, foresee and prepare directions regarding the needs of users of their programmes. Some NGOs, which derived predominantly from the needs of users, did not find the ReNPFD very important, as they did not look for substantiation for their work in the ReNPFD but followed the “logic of the NGO”, which sees and realises matters in the field that professional organisations are unable to. These include implementers of low-threshold programmes, programmes of alcohol dependence and relationship dependency, preventive activities in sports, social rehabilitation, reintegration, etc. NGOs warn that they are the ones that are the most responsive and flexible with regard to the current situation in the field of drugs.

In terms of their expectations from the new document, NGOs believe that the strategic directives in the proposal of the new national document are good but they do point out that clear priorities need to be determined in the field of prevention, damage reduction, repression of drug trafficking, etc. They further point out that the field of prevention needs to be expanded through programmes aimed at improving quality of life and especially revaluation of values among the youth. The majority of NGOs also point out that the adoption of a new National Programme in the Field of Drugs (NPFD) needs to be followed by an action plan that will clearly determine the jurisdictions regarding its realisation and that financial means to be used exclusively for this purpose need to be ensured. The new NPFD needs to clearly define the role of evaluating programmes in order to examine which programmes work and as such need to receive more support. NGOs also point out that the position of NGO experts needs to be equalised with that of experts in the governmental sector.

NGOs expect that appropriate conditions for cooperation between the governmental and the non-governmental sector be regulated and set up, with the non-governmental sector becoming an equal partner to governmental structures in shaping policies and important documents from this field. NGOs also propose that the development of local action groups (hereinafter the LAGs) further continues on the field, as in the past, LAGs were the ones who implemented the drug policy in local communities in the broadest possible sense.

In the new draft National Programme in the Field of Drugs for the 2011 – 2020 Period, the main emphasis is placed on a comprehensive and balanced continual development of all measures, programmes and activities that contribute to solving the problems with illicit drugs in our country, As the illicit drugs problem is dealt with in an exceptionally interministerial and multidisciplinary manner, the solutions proposed by this programme encompass the field of preventing supply of illicit drugs as well as the field of prevention, treatment and social treatment.

Among other objectives and tasks of the new National Programme in the Field of Drugs, special emphasis is placed on providing support:

- to programmes aimed at preventing use of illicit drugs with the aim of reducing the number of new drug users among the younger generation and reducing the number of offences and criminal acts relating to illicit drugs,
- to programmes that are aimed at helping maintain or reduce the number of those infected with HIV and hepatitis B and C and overdose deaths,
- to programmes providing psychosocial assistance to drug users, therapeutic communities and communes and reintegration programmes for former drug addicts,
- to co-ordinating structures in the field of drugs on local and state level,
- to activities aimed against organised crime, illicit trafficking in drugs and precursors, money laundering and against other forms of drug-related crimes.

Furthermore, this document wishes to contribute to different activities in the region in the broader European area, especially through our active participation in international organisations.

As mentioned before, the highest co-ordinating body is the Commission of the Republic of Slovenia for Drugs, which is an interministerial organ on government level that met three times in 2010. Among the Commission's decisions are also those that are required to shape a new proposal on the amendments to the Production of and Trade in Illicit Drugs Act and the new proposal of the National Programme in the Field of Drugs. The Ministry of Health ensures operational activity of the Commission for Drugs, as it prepares session materials and sees to the implementation of the decisions adopted by the Commission for Drugs. Measures in the field of illicit drugs are implemented within different ministerial sectors: the Ministry of Interior, the Ministry of Labour, Family and Social Affairs, the Ministry of Education and Sport, the Ministry of Justice, the Ministry of Finance, the Ministry of Foreign Affairs, the Ministry of Higher Education, Science and Technology, the Ministry of Agriculture, Forestry and Food, the Ministry of Defence and the Ministry of Health.

In the field of drugs, non-governmental organisations play an important role in Slovenia, as they implement some of the fundamental programmes of helping drug users and their relatives. On national level, they are united into an association that also acts as the dialogue partner to ministries when shaping policies.

Analysis of the network of local action groups (LAG)

In 2003, the Government Drug Office conducted the first analysis of the network of local action groups[2] (LAG) for the prevention of drug addiction in Slovenia. At the time, this office (which no longer exists) found that there are 32 such municipal advisory bodies. In 2004 and 2005 another analysis of the LAG network was conducted showing an increased number of LAGs with 50 such bodies operating at the time. In 2004, the further development of the LAG network was among the priorities of the then new National Programme in the Field of Drugs.

[2] The Analysis of the network of local action groups (LAG) for preventing drug addiction was prepared by Matej Košir – sent by email on 12 September 2011

In 2006, there were a total of 55 LAGs operating in Slovenia. In 2010, the Utrip Institute for Research and Development conducted a new analysis of the situation that has shown a drastic decline in the number of LAGs in Slovenia. According to the data available in this analysis, there are currently 28 LAGs operating in Slovenia and the other LAGs that were still operational in 2006 are at a standstill or have ceased to exist.

Almost all LAGs focus mostly on preventive actions, with some being directed predominantly at the primary and secondary or student population (some implement programmes also in kindergartens). They predominantly implement lectures and workshops for parents and issue different informative brochures or fliers. The majority of LAGs do not evaluate their work, while the valuation of work with other LAGs (there are only 7 of this kind) is directed predominantly towards internal process evaluation. Evaluators are mostly LAG members, implementers of the activity and municipalities. A vast majority (87.5%) are financed exclusively by municipalities, as the majority operate as advisory bodies to mayors or municipal councils. They state the advantages of such operation to be predominantly the support of the municipality, influence over decision-making on municipal level and coordination, while limited financial resources and dependence on volunteer work of LAG members are listed as weaknesses. In the initial period of being set up, LAGs predominantly focused on the illicit drugs problem, while now they are dealing more with risky and harmful alcohol consumption and increasingly also with other forms of addiction (e.g. non-chemical addiction). The majority of LAGs believe that the Ministry of Health needs to provide coordination on national level and provide them professional support in the form of strategic directions and co-organising the annual national conference.

In the last years, numerous LAGs ceased operating. It is almost exclusively those with municipal administrative and financial support that continue with their work. The analysis of the situation has shown that there is a great need to support LAGs and for them to unite in the narrower and broader space, which is encouraging for further deliberations and discussions on the future of the LAG network in Slovenia.

1.3 Economic analysis

In Slovenia, programmes in the field of drugs are financed through different sources. The majority are still financed from the national budget and through the Health Insurance Institute of Slovenia. Some resources are obtained from different foundations and from membership fees of NGO members. There are still very few donations or there is no information available on such donations.

Budget funds

For the years 2009 and 2010, the Ministry of Health of the Republic of Slovenia allocated EUR 121,414.00 for financing programmes in the field of illicit drugs through calls for tender.

Under its instruments (public call to organisations in the youth sector and within the framework of the European Social Fund), the Office of the Republic of Slovenia for Youth did

not directly co-finance activities or programmes in 2010 that might be recognised as direct implementation of activities in the field of illicit drugs.

Within the framework of priority areas, where programmes can be implemented and co-financed through tenders, there is a special Health and Well Being category, which can be understood as a related category. Within this category is the youth work and work for youth area. This is one of the eight programme areas for which the Office for Youth annually tenders about EUR 1,500,000 and the organisations implementing these programmes include DrogArt, the Z glavo na zabavo Foundation and the Utrip Institute for Research and Development that stand out in terms of promoting health or exposing the subject matter of drug addiction. It is difficult to establish within this context how much was allocated to the implementation of these programmes, as the Office of the Republic of Slovenia for Youth co-finances the activity of organisations as a whole.

In 2010, the Ministry of Labour, Family and Social Affairs (MLFSA) allocated EUR 2,713,129.37 via a public tender for the implementation of programmes in the field of treating drug users.

Table 1.1 shows data on the funds allocated by the MLFSA to programmes of social rehabilitation of drug addicts and within their framework of social assistance programmes from the field of illicit drugs.

Table 1.1: *Funds allocated by the MLFSA to social assistance programmes from the field of illicit drugs*

Funds allocated by the MLFSA for: / Year:	Programmes of social rehabilitation of drug addicts (EUR)	Programmes of therapeutic communities and other programmes that provide accommodation to drug users together with the corresponding networks of reception and day centres, reintegration centres, programmes for providing parallel therapeutic support to families of drug users and therapeutic communities of alternative programmes for drug users (EUR)	Low-threshold programmes for drug users, networks of counselling centres and social rehabilitation of drug addicts that require daily treatment (EUR)
2010	2,713,129.37*	1,575,993.26	587,876.52
2009	2,558,798.00*	1,514,458.00	544,492.50
2008	2,290,728.00*	1,445,691.00	399,013.40

* This data do not represent the total of the third and fourth column, as the item “Programmes of social rehabilitation of drug addicts” does not finance only programmes from the field of illicit drugs, but also other social assistance programmes (preventive programmes, programmes from the field of alcoholism and other types of addiction and eating disorders)
Source: The Ministry of Labour, Family and Social Affairs of the Republic of Slovenia, Smolej et al., 2011

In the field of social rehabilitation, there were 21 multiannual and 40 one-year programmes in the field of drugs. The funds were predominantly allocated to cover costs of professional staff and financial costs related to the operation of the programme. The facilities required for the implementation of the programme were predominantly supplied by local communities rent-

free. The programmes could be co-financed as one-year programmes and if they obtained certification, they were certified as multiannual programmes of social assistance for a five-year period. Multiannual programmes obtained funds on a monthly basis and one-year programmes twice a year, with the first part upon concluding the contract and the second part in September for the last five months of the calendar year. Smaller programmes in the value of under EUR 1,500.00 received a single payment. The MLFSA classifies the programmes into three groups: high-threshold programmes, low-threshold programmes and preventive programmes of social assistance. The amount of funds allocated by the MLFSA to the illicit drugs problem is shown in Table 1.1.

The programmes were implemented in 29 towns and cities across Slovenia. The highest number of such programmes were implemented in Ljubljana with four such programmes being implemented in 2010. The other Slovenian regions were well covered, at least with preventive work and workshops. Three quarters (eight programmes) of programmes for drug users are implemented in several Slovenian towns or there are therapeutic communities or counsellors at several locations in different towns or there is field work implemented on several locations. Two programmes implement preventive activities (workshops and groups for family members) also at other locations, e.g. in prisons. During the year, the location of one programme changed (move of the reintegration centre).

The end of this chapter pays special attention to programmes dealing with homeless drug users.

Via a call for tenders for the implementation of projects funded under the European Cohesion Policy in the Republic of Slovenia for the 2010 – 2012 Period, the Ministry of Public Administration chose two content networks of non-governmental organisations. The Institute for Research and Development obtained EUR 160,000.00 for establishing a preventive NGO platform in the field of addiction prevention. The DrogArt association obtained EUR 156,426.00 for the project of empowering non-governmental organisation in the field of damage reduction. Public co-financing is aimed at facilitating the development of the non-governmental sector and civil dialogue in the chosen content areas.

The Slovenian Criminal Police spend approximately half a million euros a year fighting organised crime. Concrete data for the year 2010 indicate that EUR 576,040.00 were spent for implementing covert investigative measures and for material and technical equipment. This amount stood at EUR 546,513.00 in the previous year. The major part of this amount (between 80 and 90%) was allocated to the field of fight against illicit drugs. For objective reasons, we are unable to obtain concrete or detailed data on the amount of funds allocated to the field of illicit drugs. In light of the findings in the previous paragraph, this amount might be even higher and the Ministry of the Interior could allocate even more funds to the police for operative work.

The field of treating imprisoned drug addicts is regulated by an agreement concluded between the Ministry of Health and the Ministry of Justice. Since early 2009, regional health centres have been determined as implementers of healthcare for incarcerated persons. This means that institutional clinics are part of public health services, which was a long-year goal

of the Prison Administration of the Republic of Slovenia (PARS). Such organisation is evident in the amount of funds allocated by the PARS for the field of illicit drugs. The majority of institutes do not have any financial obligations relating to the implementation of substitution maintenance treatment, as these obligations fall under the jurisdiction of health centres. The purchase of urine sample tests is covered by the Head Office of the PARS. Treatment and other forms of help are also predominantly financed from other sources. In this way, all forms of cooperation, programmes and services that non-governmental and other outside facilities implement for drug addicts were free of charge for these institutions. Organisation and funds for the education and training of professional staff are predominantly provided by the PARS. In 2010, the PARS spent a total of EUR 18,794.19 for the field of illicit drugs (Table 1.2).

Table 1.2: *Summary table of funds from the budget of the Republic of Slovenia for the year 2010*

Ministry	Funds in euro
Ministry of Labour, Family and Social Affairs of the Republic of Slovenia	2,713,129.37
Ministry of Health of the Republic of Slovenia	60,707.00
Ministry of Public Administration of the Republic of Slovenia	316,426.00
Ministry of Justice – PARS	18,794.19
Ministry of the Interior – The Police	576,040.00
Total	**3,685,096.56**

Sources: Reports of the Ministry of Labour, Family and Social Affairs, the Ministry of Health, the Ministry of Internal Affairs and the Ministry of Justice of the Republic of Slovenia

In 2010, the Health Insurance Institute of Slovenia allocated EUR 5,600,000.00 for financing the activity of centres for prevention and treatment of drug addiction. Of that, EUR 2,700,000.00 were allocated to the operation of centres (staff, facilities, etc.) and EUR 2,900,000.00 for substitution medication (methadone and other medication).

In 2010, the Health Insurance Institute of Slovenia also allocated EUR 146,000 for the purchase of sterile injecting equipment that the Regional Institute of Public Health Koper distributed among low-threshold programmes.

In 2010, the FIHO foundation allocated EUR 268,186.45 to programmes from the field of drugs that were organised as non-governmental organisations.

Table 1.3: *Aggregated data of used funds for the field of drugs in 2010*

Source of funds	Funds in euro
The Budget of the Republic of Slovenia	3,685,096.56
The Health Insurance Institute of Slovenia	5,746,000.00
The FIHO Foundation	268,186.45
Total	**9,699,283.01**

Sources: The budget of the Republic of Slovenia, the Health Insurance Institute of Slovenia, the FIHO Foundation

This report includes only available reports on the financing of different programmes in the field of illicit drugs. Reports by some of the programmes' co-financiers indicate that they co-finance different organisations and projects as a whole and it is therefore difficult to establish how much was spent directly only for the implementation of programmes in the field of drugs. We can therefore estimate that at least EUR 9,699,283.01 were allocated to solving the illicit drugs problem in 2010 (Table 1.3).

Employees in programmes for drug users co-financed by the MLFSA

In 2010, programmes for drug users co-financed by the MLFSA employed 111 people (119 in 2008 and 106 and 2009) with a majority (101) being full-time employees (fixed-duration or temporary employment). Seven people were employed through public works programmes, one through other active employment policy programmes and one through other forms of employment. In 2010, one half or 55 people (49.6%) were employed full-time, 31 or slightly less than one third (27.9%) conducted from 1,000 to 2,000 hours of work in the programme, 13 from 500 to 1,000 hours and the remaining 12 less than 500 hours of work.

With regard to the educational structure, the majority of the employees (59 people or 53.2%) had completed level seven of education and 38 or 34.2% had completed level five of education or less. Ten people had completed level six of education and four had completed a master's or PhD study (level eight or level nine of education respectively). The employees of these programmes usually receive payment from different sources obtained by the organisation.

There were a total of 249 volunteers participating in the programmes. One of the programmes, which included 15 volunteers, informed us that they do not record the hours of volunteer work. In 2010, the remaining 234 volunteers predominantly conducted from 101 to 500 hours of voluntary work (88 people or approximately one third of volunteers). Approximately one third of volunteers (slightly over 32% or 77 people) conducted between 24 and 100 hours of work, four people between 501 and 1,000 hours and 24 people or approximately one tenth 1,001 hours or more and 41 people less than 24 hours. This data is important for comparison with the provisions of the Act on Volunteering (Official Gazette of the Republic of Slovenia, No. 10/2011) that stipulates that organised volunteer work is work conducted by an individual regularly and at least 24 hours a year.

Within the framework of programmes from the field of drugs, volunteers conducted a total of 73,817 hours of volunteer work in 2010.

Programmes dealing with homeless users of illicit drugs

In 2010, the MLFSA co-financed three programmes of housing units and shelters for homeless drug users. All programmes were co-financed for a period of one year. All programmes of housing units and shelters for homeless drug users that were co-financed by the Ministry in 2010 were implemented within the framework of associations. Two were implemented in Ljubljana and one in Žalec.

In 2010, EUR 357,036.70 were allocated to programmes of housing units and shelters for homeless drug users. Implementers requested EUR 141,867.70 at the MLFSA and received EUR 123,125, which is 86.8% of the funds requested from the MLFSA. Programmes of housing units and shelters received the majority of funds from municipalities, i.e. 41.4% of all funds or EUR 147,699.60. The programmes received slightly over one third of funds (34.5%) from the MLFSA, 6.3% from the Employment Service of the Republic of Slovenia, 3.18% from the users and from the membership fees, 1.5% of funds were contributed by donators, slightly over three percent of funds came from other public sources and slightly less than 10% from other non-public sources.

In 2010, the Altra non-governmental organisation implemented the “To se lahko zgodi tudi vam!” (It Can Happen to You!) project that was co-financed by the ESF in the European Year Combating Poverty and Social Exclusion and the tender was implemented by the MLFSA. Within the framework of the tender, the MLFSA allocated EUR 15,000 for this project.

Using different activities, implementers searched for and encouraged more efficient access to satisfying civil rights, ensuring sufficient resources and conditions for survival and quality services. The project was aimed at those who live “invisibly” among us and in an illegal world, i.e. completely abandoned and poor, without human and material resources, homeless and hungry due to years of abusing illicit drugs.

The objectives and aims of the project were to:

- warn about homeless drug addicts,
- recognise the right and need for a decent life and full social inclusion,
- inform the broadest public about the problem of homeless addicts,
- generate a broad professional and political discussion,
- organise an international roundtable where the possibility of transferring and adopting good practices would be inspected,
- discuss the lack of safe rooms, accommodation programmes and programmes of social entrepreneurship,
- facilitate a more effective access to civil rights, sufficient resources and quality services by generating discussions.

The entire project was realised also with the help of partners from a related Dutch organisation.

2. DRUG USE IN THE GENERAL POPULATION AND SPECIFIC TARGETED GROUPS

There was a pilot study applying the EMCDDA methodology conducted in Slovenia in 2010 on drug use in the general population aged 15 to 64. Three standard time frames were used for reporting study data, i.e. lifetime prevalence (drug use at any point in one's life), drug use in the last 12 months before the research (last year use) and drug use in the last 30 days before the research (last month use).

According to the information provided by the pilot study, 17% of those participating in the study had tried some form of illicit drugs at one point in their life. The majority of respondents had tried cannabis or hashish (17.4%) followed by cocaine (3.2%), ecstasy (2.4%) and amphetamines (1.6%). In the last 12 months, drugs were used by 17.4% and in the last 30 days by 9.7% of respondents. The respondents used illicit drugs for the first time at the age from 14 to 36 years. The average age when using an illicit drug for the first time was 19 for cannabis, 21 for cocaine, 20 for ecstasy and 23 for amphetamines.

In the last 12 months, sedatives were used by 14.2 % and in the last 30 days by 57.6% of respondents. 78.2% of respondents reported consuming alcohol in the last 12 months.

In the first half of 2011, a telephone survey to assess smoking behaviours of the adult population was conducted indicating that the share of adult smokers stands at 21.8%. Following a decline in the share of adult smokers in 2008 that followed the total ban on smoking in enclosed public and work places, the 2009 – 2011 period again records growth in the share of adult smokers.

In 2010, Slovenia implemented the cross-national Health Behaviour in School-Aged Children (HBSC) study for the third consecutive year, encompassing a representative sample of 11, 13 and 15-year-old pupils and students. The aim of the study was to longitudinally monitor health behaviour in school-aged children. The study included questions on the use of cannabis among 15-year-olds, i.e. on lifetime cannabis use, cannabis use in the last year and in the last month. According to the study, 23.2% of 15-year-olds have tried smoking cannabis. 18% of 15-year-olds reported cannabis use in the last 12 months and 10% in the last 30 days. Following a decline in the share of 15-year-olds who have already tried smoking cannabis between the years 2002 and 2006, we are again recording an increase in this share in the 2006 to 2010 period.

The 2010 HBSC study also included questions on the use of alcohol and tobacco among 11, 13 and 15-year-olds. The obtained data indicate that 60.8% of Slovenian youth aged 11, 13 and 15 consume alcoholic beverages, about 17.5% have been intoxicated at least twice in their lives and approximately 12.2% of youth consume alcoholic beverages at least once a

week. Data on smoking indicate that 29.2% of youth aged 11, 13 and 15 have already tried smoking, and 7.6 % have been smoking weekly.

There were also two surveys conducted in the first half of 2010 on the use of illicit drugs among individual target groups. A survey of cocaine use conducted among pub, night club and electronic music party goers has shown that cocaine is used by 57.2% of respondents. One quarter of respondents, who have tried cocaine, use it a few times a year and 13.3% use it once or several times a month. The most common way of using cocaine is sniffing. More than one half of cocaine users occasionally share their sniffing equipment with their friends and 22.7% always share the sniffing equipment. The most common problems experienced by cocaine users were psychological problems, such as insomnia, depression or sadness, problems with concentration and feelings of fear and anxiety. 3.1% of users have sought help for cocaine use, 3.7% have thought about such action and 93.2% have not sought for help.

An online survey of mephedrone that included former and present mephedrone users has shown that this illicit drug is still used by 46.2% of respondents, while the others have discontinued mephedrone use. The most important reasons for mephedrone use were its positive effects, greater purity than other illicit drugs and low price. Of respondents, who still use mephedrone, the majority have been using it for over a year. Slightly more than one half used it a few times a year and 28% more than once a month or more often. The most common way of consuming mephedrone is nasal and oral. The majority of respondents have obtained mephedrone through their friends or bought it from a dealer. Only 10.7% of respondents bought mephedrone online. Users mostly mix mephedrone with illicit drugs and alcohol. The most common problems associated with mephedrone use were insomnia, depression, problems with concentration, problems with the mucus membrane of the nose and tingling in the arms and legs. The most important reasons for discontinuing or reducing mephedrone use were the fear of health consequences and the continually increasing and more frequent use.

According to data obtained from a survey of smoking behaviours among nurses, midwives and health technicians in Slovenia conducted in 2010, slightly more than one fifth (20.9%) of respondents smoke, which is less than the share of adult smokers in Slovenia.

2.1 Drug use in the general population

Pilot study on drug use in the general population

In 2010, the National Institute of Public Health (NIPH) conducted a pilot study on drug use in the general population aged 15 to 64 applying the EMCDDA methodology. The aim of the study was to test the questionnaire and the interviewing methods and the obtained data therefore do not represent the actual situation regarding drug use in the general population in Slovenia but merely provide an indicative picture of the situation in this field.

The study used a mix mode survey, with the initial phase comprising online interviews, the second telephone interviews and the last face to face interviews. The sample comprised 500

people and 259 people from across Slovenia provided answers to the questionnaire, of that 45.9% of men (n=119) and 54.1% of women (n=140). The response rate was 55%. 47.1% of respondents were under the age of 40. Among the respondents, 60% had completed lower secondary and secondary education, 18.3% had completed the primary school or less. The remaining 21.7% of respondents had a higher education or had completed post secondary education.

One half of respondents (49.2%) were employed, 16.5% were pupils and students and an equal share were retired persons. The remaining percentage were self-employed, farmers, unpaid family workers, housewives and unemployed persons (17.8%).

In the field of tobacco, study results have shown that slightly more than one quarter (26.9%) of respondents currently smoke with another quarter (24.9%) currently not smoking but had smoked in the past and almost one half (48.2%) have never smoked. There are more men (56%) than women (44%) among smokers. In terms of age, the lowest number of smokers are in the 15 to 24 years old group with only 13.2% smoking, in the 25 to 55 years old group there are slightly less than one quarter of smokers and in the 55+ group, there are 17.6% of smokers. Regular smokers prevail among active and former smokers with 67.2% or well over two thirds. Only one third of people smoke or smoked occasionally.

14.2% of respondents (n=36) have answered that they have taken a sedative in the last year. In the last 30 days, 57.6% (n=19) have taken a sedative. Among respondents that took a sedative in the last 12 months, those who took it only once a month prevail (37.5%), while an almost equal percentage (34.4%) use sedatives four or more times a week. Respondents obtained the sedatives in different ways. Slightly less than two thirds (63.6%) obtained them as prescription sedatives and the remaining third (36.4%) from acquaintances, as OTC medicine in pharmacies or otherwise.

The women of the pilot study listed sedatives as the only drug that they used in the last 12 months or 30 days. They were also more inclined to using them than men. In the last 12 months, sedatives were used by 26 women and only 10 men.

Lifetime prevalence for illicit drugs (including sedatives) stands at 17%. The majority of respondents, who have already used any illicit drug, have used cannabis or hashish, i.e. 17.4% of them (Table 2.1). Cocaine was used by 3.2%, ecstasy by 2.4%, amphetamines by 1.6%, LSD by 1.2% and heroine by 0.8% of respondents. 83% of respondents (n=215) did not use any drugs. 11.6% (n=30) have used one type of drugs, 2.7% (n=7) have used two types of drugs, 1.5 % (n=4) three types of illicit drugs, 0.4 % (n=1) four types of illicit drugs and 0.8 % (n=2) even five types of drugs.

Table 2.1: *Share of respondents who have used any of the listed illicit drugs in their lifetime (n=259)*

Illicit drug	Number	Percentage
Cannabis/hashish	44	17.4%
Ecstasy	6	2.4%
Amphetamines	4	1.6%
Cocaine	8	3.2%
Heroine	2	0.8%
LSD	3	1.2%
Other drugs (spice, methadone, methylone)	3	1.2%

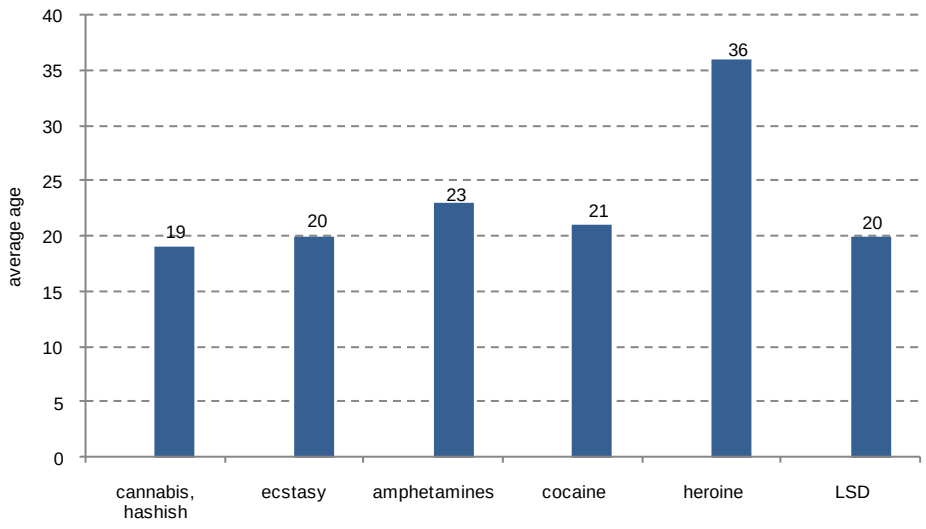
Source: Bolsing and Štokelj, 2010

As regards the use of illicit drugs in the last 12 months, respondents reported only the use of sedatives (14.2%), cannabis or hashish (31.6%) and cocaine (14.3%). They did not use any other drugs. 81.85% (n=212) of respondents did not use any drugs in the last 12 months.

In the last 30 days, 90.35% (n=234) of respondents did not use any drugs. In the last 30 days, 57.6% (n=19) took a sedative and 50% (n=6) used cannabis or hashish.

The persons interview tried illicit drugs for the first time at the age from 14 to 36 years. The average age when using an illicit drug for the first time was 19 for cannabis, 21 for cocaine, 20 for ecstasy, 23 for amphetamines, 35.5 for heroine and 20 for LSD (Figure 2.1).

Figure 2.1: *The average age of respondents when using an illicit drug for the first time*



Source: Bolsing and Štokelj, 2010

The pilot study included questions on the opinion of respondents on drug users. More than one half (53.36%) see drug users more as patients, slightly less than one third (30.43%) do

not see them either as criminals nor patients and one tenth (10.67%) believe that drug users can be seen as criminals and patients. 5.53% of respondents see them more as criminals.

In the last 12 months, 78.2% (n=186) of respondents consumed an alcoholic beverage. The highest number of these people (37.8%) drink once a month or less, 29.2% drink alcoholic beverages twice to four times a month and slightly less than one quarter (22.7%) drink alcohol twice to three times a week. One tenth (10.3%) drink beverages containing alcohol once to four times a week or more.

83.2% (n=119) of respondents listed wine as the alcoholic beverages that they drank in the last 30 days, 65% (n=78) listed beer and 64.9% (n=63) listed liqueurs or spirits.

Other surveys on drug use in the general population

In 2008, the first survey of prevalence of illicit drug use among adults to shed more light on the scope of this problem was conducted in Slovenia. According to the data provided by this survey, 15.8% of respondents have tried illicit drugs in their lifetime (Stergar, 2010). Before this survey, the only available data were that obtained by the EHIS 2007 survey that also covered questions about the use of cannabis and other drugs in the last 12 months and data obtained within the framework of Slovenian Public Opinion, where the years 1994 and 1999 included a question on lifetime use of illicit drugs.

According to the EHIS 2007 survey, 2.6% of people aged 15 and over used cannabis in the last year, while 0.9% reported using other illicit drugs in the last year (Krek and Štokelj, 2009). Data obtained within the framework of the Slovenian Public Opinion show that in 1994, 4.3% of respondents used illicit drugs in their lifetime and in 1999, this percentage stood at 10.6% (Toš et al., 1999; Toš et al., 1994).

Table 2.2: *Share of respondents according to individual studies and surveys that have used illicit drugs in their lifetime and the share of respondents who have already used cannabis or hashish*

	Prevalence of psychoactive substance use in the general population 2008 n=1251	EHIS 2007 (use of illicit drugs in the last year) n=2112	SPO 1999 n=1012	SPO 1994 n=1037
Any illicit drug	15.8%	0.9%	10.6%	4.3%
Cannabis/hashish	15%	2.6%	8.1%	3.9%

Source: Krek in Drev, 2010; Stergar, 2010; Krek and Štokelj, 2009; Toš et al., 1999; Toš et al., 1994

Even though data on lifetime drug use obtained in different Slovenian studies are not intercomparable due to different sampling and methods that were used in the interviews, they still provide a picture of the situation in this field (Table 2.2). These data show that lifetime use predominantly relates to cannabis or marijuana and also that lifetime use of illicit drugs is increasing.

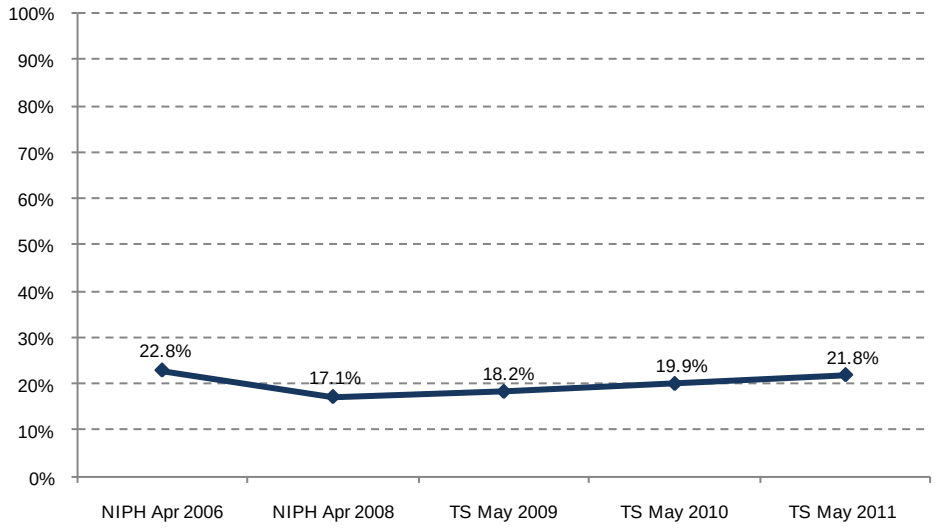
Comparing lifetime cannabis use in Slovenia with lifetime prevalence rates in other EU Member States, it is clear that Slovenia is neither part of the countries with the highest prevalence nor the countries with the lowest prevalence. It is part of the largest group of countries where lifetime prevalence levels of cannabis use stand between 10 to 30% (EMCDDA, 2010).

Phone surveys of adult (18+) smoking behaviours in Slovenia

(In this survey only statistically significant results are described)

In 2006, 2008, 2009, 2010 and 2011 there were intercomparable telephone surveys conducted in Slovenia from the field of tobacco among adults that included questions on smoking behaviours. Each of the surveys included approximately 1,000 adults and the telephone directory was used as the sampling framework.

Figure 2.2: *Share of smokers in the years 2006 – 2011 according to the data provided by telephone surveys*



Sources: Ministry of Health, National Institute of Public Health

In 2007, Slovenia enforced a total ban on smoking in all enclosed public and work places and the share of smokers among adults reduced after this measure was implemented. However, in the 2008 – 2011 period, the share of smokers increased to such an extent that there are very likely no significant differences between 2006 and 2011 (Figure 2.2).

2.2 Drug use in the school population

HBSC

The HBSC study is a cross-national study comprising a representative sample of 11, 13 and 15-year-old youth. The aim of the study is to longitudinally monitor health behaviour in school-aged children. There are 43 European and North American countries participating in this cross-national study that takes place every four years employing a common methodology. In Slovenia, the NIPH implemented the study three times, i.e. in 2002, 2006 and 2010. In 2010, 5,436 of school-aged children participated in the study (final sample for analysis), of that 50.9% of boys and 49.1% of girls and 33.2% of 11-year-olds, 33.4% of 13-year-olds and 33.4% of 15-year-olds.

Data for marihuana, alcohol and tobacco use are outlined below. Only statistically significant results are described.

Marihuana

The HBSC study provides an important source of information on the prevalence of marihuana use among youth. Even though the study comprised youth aged 11, 13 and 15, the questions on marihuana were answered only by the 15-year-olds. The HBSC 2010 study included 1,815 students, i.e. 914 boys and 901 girls of the first year of different secondary school programmes (33.4% of the total sample, the remaining percentage were two lower age groups of primary school children).

The HBSC 2010 study has shown that 23.2% of 15-year-olds have tried smoking marihuana at least once in their life (lifetime prevalence) with the boys (27.2%) having a higher percentage than girls (19.3%): 18% of the interviewed students reported using marihuana in the last month. The percentage of boys (21%) was again higher than that of girls (15%). In the last 30 days, 10% of the interviewed 15-year-olds smoked marihuana with the percentage of boys (11.6%) again being higher than that of the girls (8.4%) (Table 2.3).

Following a 10.6% decline in the share of 15-year-olds who have already tried smoking marihuana between the years 2002 (28.3%) and 2006 (17.7%), we are again recording a 5.5% increase in this share in the 2006 (17.7%) to 2010 (23.2%) period. The trend of smoking marihuana in the last 12 months is similar, as it dropped by 11.8% in the participating students in the 2002 (24.4%) to 2006 (12.6%) period and then again increased in the 2006 (12.6%) to 2010 (18%) period. In 2002, the question on smoking marihuana in the last 30 days was not yet included in the study. Comparing the years 2006 (5.8%) and 2010 (10%) however, there is a 4.2% higher share of students smoking marihuana in the last month.

Table 2.3: *Share of 15-year-olds that have tried marihuana in their lifetime, smoked marihuana in the last year and smoked marihuana in the last month according to gender (HBSC 2002, HBSC 2006, HBSC 2010)*

Age 15 years	Lifetime prevalence (HBSC 2002, n=1059; HBSC 2006, n=1520; HBSC 2010, n=1769)			Last year marihuana use (HBSC 2002, n=1043; HBSC 2006 n=1497; HBSC 2010, n=1758)			Last month marihuana use (HBSC 2006, n=1501; HBSC 2010, n=1758)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
2002	31.0%	25.4%	**28.3%**	27.3%	21.4%	**24.4%**	nda	nda	**nda**
2006	21.4%	14.1%	**17.7%***	15.2%	10.0%	**12.6%***	7.6%	4.0%	**5.8%**
2010	27.2%	19.3%	**23.2%****	21.0%	15.0%	**18.0%****	11.6%	8.4%	**10.0%****

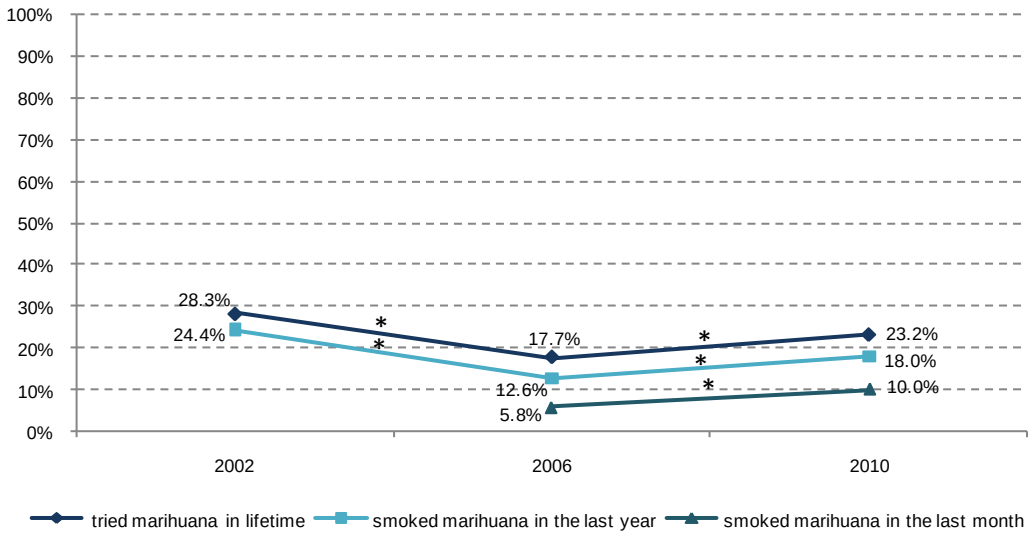
nda: no data available

*The difference between the years 2002 and 2006 is a statistically significant

** The difference between 2006 and 2010 is a statistically significant

Source: National Institute of Public Health, HBSC 2010

Figure 2.3: *2002, 2006 and 2010 trends in the share of 15-year-olds, who have tried marihuana in lifetime, smoked marihuana in the last year and smoked marihuana in the last month (HBSC 2002, HBSC 2006, HBSC 2010)*



* Statistically significant difference between the years

Source: National Institute of Public Health, HBSC 2010

Even though lifetime prevalence of marihuana use among 15-year-olds slightly increased in the 2006 to 2010 period, it is still lower than in 2002. Compared to other EU Member States, lifetime prevalence of marihuana use among 15-year-olds in Slovenia is still much lower than in the countries with the highest prevalence (EMCDDA, 2010).

Alcohol

The results of the HBSC 2010 study show that there are 60.8% of youth in Slovenia aged 11, 13 and 15 who are consuming alcohol. 17.5% of youth were drunk at least twice in their life, whilst approximately 12.1% of young persons are drinking alcoholic beverages at least once a week (Table 2.4).

The research has also shown that the share of youth having been drunk at least twice and the share of youth drinking alcoholic beverages at least once a week is higher in boys and in older adolescents. Therefore, 40.7% of 15-year-olds were drunk at least twice and a good quarter of them (26.7 %) are drinking alcoholic beverages at least once a week.

Youth start drinking alcohol already early in their youth, as almost one half of 15-year-olds (45%) drank alcohol for the first time at the age of 13 or less, while 17% of them were already drunk at least once at this age.

In the period from 2006 to 2010, the share of youth aged 11, 13 and 15 consuming alcohol decreased a little bit, but the share of girls aged 11, 13 and 15 having been drunk at least twice in their life was higher by approximately 2.5% in 2010 compared to 2006. Also, compared to 2006, in 2010 there was a higher share of 15-year-olds who drank alcohol for the first time at the age of 13 or less.

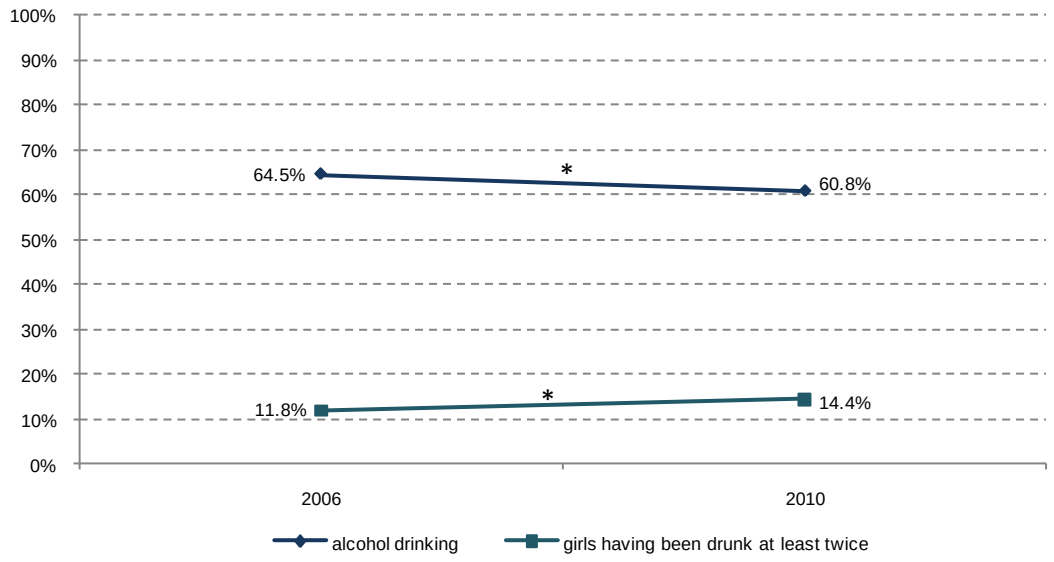
Table 2.4: *Share of 11-, 13- and 15-year-olds, who drink alcohol, who drink alcohol at least once a week and have been drunk at least twice, according to gender (HBSC 2006, HBSC 2010)*

Aged 11, 13 and 15 years total	Drink alcohol (HBSC 2006 n=5119; HBSC 2010, n=5425)			Drink alcohol at least once a week (HBSC 2006 n=5119; HBSC 2010 n=5425)			Have been drunk at least twice in their life (HBSC 2006 n=5077; HBSC 2010, n=5397)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
2006	68.0%	61.1%	**64.5%**	16.9%	9.5%	**13.2%**	20.5%	11.8%	**16.1%**
2010	65.5%	55.9%*	**60.8%***	15.5%	8.7%	**12.1%**	20.5%	14.4%*	**17.5%**

* The difference between the years 2006 and 2010 is statistically significant

Source: National Institute of Public Health, HBSC 2010

Figure 2.4: *Alcohol drinking in youth and drunkenness in girls having been drunk at least twice (HBSC 2006, HBSC 2010).*



***** Statistically significant difference between the years
Source: National Institute of Public Health, HBSC 2010

Tobacco

The HBSC 2010 study has shown that 29.2% of youth in all three age groups have tried smoking (at least one cigarette, cigar or pipe) in their lifetime, with the percentage of boys exceeding that of girls. The share of youth who have tried smoking grew with age and was the highest among 15-year-olds (53.1%). 24.3% of 15-year-olds have tried smoking at the age of 13 or less, again more boys than girls. At the time of conducting the study, 7.6% of youth in all three age groups smoked at least once or week or more often (weekly). The share of weekly smokers increased with age and was the highest among 15-year-olds (19.4%).

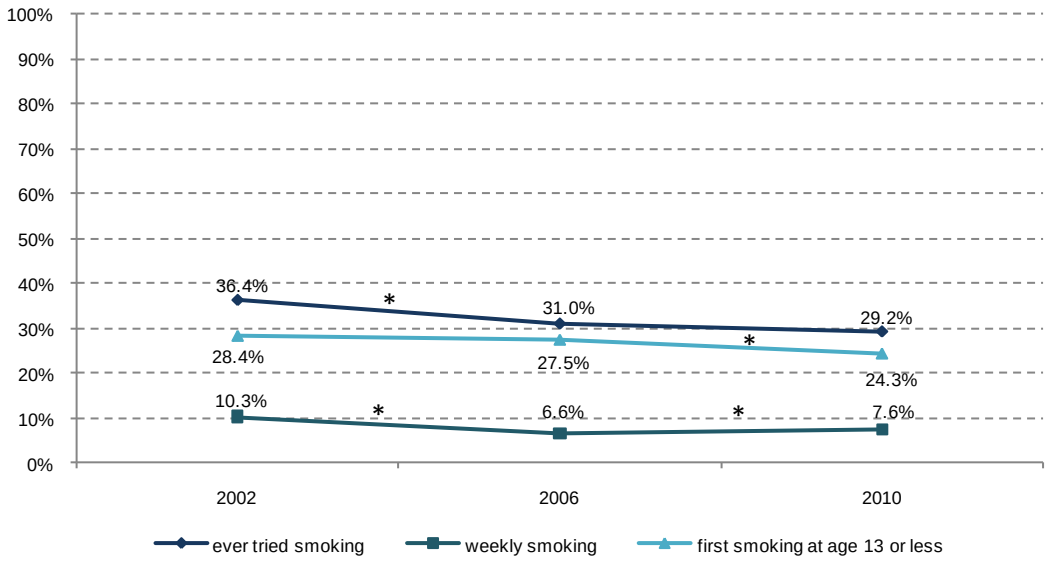
Following a decline in the share of 11-, 13- and 15-year-old youth who have tried smoking and the share of weekly smokers in the 2002 – 2006 period, the 2006 through 2010 period records differences in smoking behaviours of youth in terms of the share of early smokers declining and the share of weekly smokers increasing. However, the share of weekly smokers in 2010 is still lower than in 2002 (Figure 2.5). The favourable trends in the 2002 through 2010 period in smoking behaviours can predominantly be attributed to the implementation of new legislative measures (ban on smoking in all public and work places, increases in the price of tobacco products, increasing the age limit for purchasing and selling tobacco products from 15 to 18 years and less to further restrictions on advertising, as the latter is still allowed at points of sale) and numerous programmes and activities aimed at preventing smoking (especially in schools) and facilitating smoking cessation (among others the listing of the telephone number on all tobacco products to help smokers give up smoking) that are being implemented together with colleagues from governmental offices, professional institutions and non-governmental organisations.

Table 2.5: *The share of 11-, 13- and 15-year-olds, who have tried smoking, who smoke at least once a week or more often (weekly smoking), total and according to gender (HBSC 2002, HBSC 2006, HBSC 2010)*

Age 11, 13 and 15 years total	Tried smoking (HBSC 2002, n=3910; HBSC 2006 n=5113; HBSC 2010, n=5424)			Weekly smoking (HBSC 2002, n=3907; HBSC 2006 n=5112; HBSC 2010, n=5425)		
	Boys	Girls	Total	Boys	Girls	Total
2002	39.3%	33.4%	**36.4%**	11.2%	9.4%	**10.3%**
2006	32.7%*	29.2%*	**31.0%***	7.2%*	6.0%*	**6.6%***
2010	31.2%	27.2%	**29.2%**	7.8%	7.5%**	**7.6%****

*The difference between the years 2002 and 2006 is a statistically significant
** The difference between 2006 and 2010 is a statistically significant
Source: National Institute of Public Health, HBSC 2010

Figure 2.5: *2002, 2006 and 2010 trends in the share of 11-,13- and 15-year-olds, who have tried smoking, have smoked weekly and who tried smoking at the age of 13 or less (HBSC 2002, HBSC 2006, HBSC 2010)*



* Statistically significant difference between the years
Source: National Institute of Public Health, HBSC 2010

ESPAD

The European School Survey Project on Alcohol and Other Drugs (ESPAD) started in 1993 at the initiative of the Swedish Council for Information on Alcohol and Other Drugs. Since 1995, the survey has been conducted every four years. Slovenia conducted the ESPAD survey four times so far, i.e. in 1995, 1999, 2003 and in 2007. Survey data for 2007 are presented in detail in the Report on the Drug Situation 2008 of the Republic of Slovenia. Data from the last ESPAD 2011 survey are not yet available, as the survey has not yet been completed.

2.3 Drug use among targeted groups

This chapter presents the results of a survey of cocaine use in nightlife settings, the results of a survey of mephedrone use and the results of a survey of smoking behaviours of nurses, midwifes and health technicians in Slovenia.

Cocaine use in nightlife settings

The starting points of the survey of cocaine use in nightlife settings were the growing prevalence of cocaine use in the EU and the increased health burden related to cocaine use (EMCDDA, 2010). According to the EMCDDA report, cocaine was involved in a significant proportion of drug-related hospital emergencies. While planning the survey, we also proceeded from the assessment of treatment or help requirements of socially integrated cocaine users in the EU, who are not adequately represented (EMCDDA, 2010). Cocaine was cited as the principal reason for entering treatment by about 17% of all drug treatment clients in 27 European countries (ibid.). Data on the prevalence of cocaine use in nightlife settings and the characteristics of cocaine use with socially integrated users are rather scarce and derive from individual surveys conducted at electronic music events. The main aim of the survey of cocaine use in nightlife settings that was conducted by the DrogArt Association was to obtain data on the prevalence and characteristics of cocaine use in bars, clubs and disco clubs across Slovenia as well as information on adverse effects relating to cocaine use that are recorded by its users, the economic aspects of cocaine use, monthly consumption, evaluation of quality, how price of cocaine affects its use, the requirements of users for help and additional information related to cocaine use. The results of the survey relating to reducing harm can be used to improve existing help programmes and to provide new services to cocaine users.

Sampling took place in 2010 in bars, nightclubs and electronic music events across Slovenia. Slightly more than one half of the sample was obtained with the help of an online questionnaire, while the conventional and the online part of the sample were joined in processing.

The sample comprised 607 persons, of that 57.2% of men and 42.8% of women aged 15 to 56 with the average age of respondents standing at 25 years (n=607). 21.3% of respondents were over 30 years old.

The study also included socially integrated younger adults with a valid employment status. The sample included 35.4% of students, 13.8% of secondary-school students, 4.7% of unemployed persons, while almost one half (46.1%) were employed at the time of the survey (n=596). The majority of respondents in nightlife settings visited bars, private parties and clubs.

57.2% have tried cocaine, 59.3% amphetamines and 54.2% ecstasy. The results on the prevalence of cocaine use are practically the same as the results of the survey on the use of amphetamine type stimulants conducted in 2005 at electronic music events in Slovenia. What is surprising is the relatively high percentage of people who have tried mephedrone

(20.8%) that was not yet listed as an illicit drug in Slovenia at the time of conducting the survey. The sampled persons most often used cannabis, amphetamines and cocaine. Even though the percentage of people marking that they use cocaine is relatively high (57.2%) and 20.1% marked that they have used cocaine more than forty times, frequency of use is lower (n=607). One quarter of respondents, who have tried cocaine (25.1%), use it a few times a year and 13.3% use it once or several times a month. 11.4% of respondents (n=598) have discontinued use. In the sample, cocaine was the third most commonly used drug.

Table 2.6: *Prevalence of drug use – comparison among different surveys*

Drug	COCAINE, 2010	SAT, 2005	SAT, 2001	MOND 2007	ESPAD, 2007
Cannabis	88.0%	87.5%	93.8%	46.6%	22.0%
Amphetamines	59.3%	70.4%	71.9%	6.8%	2.2%
Cocaine	57.2%	57.9%	46.7%	3.6%	3.1%
Ecstasy	54.2%	74.7%	86.0%	4.9%	3.2%
Mephedrone	20.8%	nda	nda	nda	nda
Heroine	12.0%	19.5%	25.0%	0.3%	1.6%

nda: no data available

Source: Sande, 2002; 2007; Stergar et al., 2010

Table 2.6 compares the results of different surveys in a ten-year period. The first three national surveys (COCAINE 2010; SAT, 2001; SAT 2005) were conducted among a similar population in nightlife settings or at electronic music events (Sande, 2002; 2007). The last two surveys in the table were conducted among the population of Slovenian secondary-school students. The MOND 2007 survey included 1,630 Slovenian secondary-school students (third and fourth grade) who participated at the secondary school graduation tour and the ESPAD 2007 (Stergar et al., 2010) survey included 3,085 Slovenian first and second year secondary-school students. Of all the compared surveys, only the last one (ESPAD, 2007) is representative.

The majority of cocaine users in the sample (90%) marked nasal use or sniffing as the route of administration. More than one half of cocaine users (54.6%) occasionally share their sniffing equipment with their friends and 22.7% always share the sniffing equipment. Slightly less than one quarter of users (22.7%) do not share cocaine equipment (n=311). Users noted numerous health and social problems associated with cocaine use. The most common problems experienced by cocaine users were psychological problems, such as insomnia, depression or sadness, problems with concentration and feelings of fear and anxiety. There were less heart problems and problems with addiction. Relationship problems among cocaine users manifested themselves as problems with their parents or partner, friends, problems due to conflicts and fights. 5.8% of users experienced involuntary sex due to cocaine and 6.4% experienced problems at work or in school.

3.1% of users have sought help for cocaine use and 3.7% have thought about such action. The majority of users (93.2%) did not seek help for cocaine use. If they required help, users

would mostly turn to a friend or their partner (37.1%), to individual counselling outside of a healthcare institution (15.7%), to a non-governmental organisation (15.0%) or to a healthcare institution (14.6%). The smallest number of users would turn to their family for help (4.9%) and 12.7% would not seek help (n=311).

The highest number of respondents in the sample wished for more information on the quality (purity) of cocaine (63.7%) and the added harmful substances (67.4%). More than one half of respondents wished for information on the effects on cocaine on the body (56.3%), on the psychological and physical effects of long-term use (54.8%) and on actions in the event of complications (53.0%). Slightly more than one third of respondents (36.6%) wished for information on less risky use. The highest number of respondents believe a website would be the most suitable form of providing information (50.4%), followed by toilet posters (20.1%), printed informative brochures or booklets (18.3%), personal interviews with professionals (4.5%) and telephone counselling via a special hotline (0.8%). 5.9% of respondents do not wish to inform themselves about cocaine (n=508).

Due to the used methodology and the sampling method, the results of this survey cannot be generalised but if considering sampling limitations, the survey can nevertheless provide some conclusions on cocaine use in nightlife settings in Slovenia.

The survey results show that if considering sampling limitations we can deduct that cocaine is a rather popular drug in nightlife settings in Slovenia, as it was tried by more than one half of the respondents in the sample. Even though prevalence is rather high, only a smaller share of users use cocaine more or less regularly.

A more worrisome fact than prevalence is that users are rather poorly informed about the possibility of HIV and HEP transmission in sharing sniffing equipment. Sniffing or sniffing cocaine was the method used by the majority of the respondents (90%), while more than three quarter of those who marked that they use cocaine in nightlife settings occasionally or always shared the sniffing equipment. More than one half of the respondents wished for information on the effects of cocaine on the body and on the psychological and physical effects of long-term use and more than one third information on reducing adverse consequences of use. Providing information on health risks and harm reduction can thus be a recommendation in terms of providing information to cocaine users in nightlife settings.

Results indicate that cocaine users in nightlife settings experience numerous psychological and physical as well as social consequences of cocaine use but relatively few of them seek professional help. One of the recommendations provided by the survey was to develop a specialised form of help for socially integrated cocaine users, counselling and therapy that would enable fast and transparent inclusion of users and provide a high level of anonymity.

Characteristics of mephedrone use

The starting point of the survey of mephedrone use were information available from field work in night clubs, clubs and electronic music events conducted by the DrogArt non-governmental organisation on the occurrence of a new and at the time still legal and relatively easily accessible drug and the information on mephedrone use on DrogArt's online

forum. Mephedrone appeared in Slovenia at a time when MDMA was not available (the first description of mephedrone use on the online forum was recorded on 13 August 2008) and users reported about effects of a new drug that were similar to MDMA but shorter. In 2010, when the DrogArt Association planned the survey of the characteristics of mephedrone use, there was still not sufficient relevant information on the adverse effects of mephedrone with the exception of a few individual cases. In light of the forum entries about individual health complications and supposedly high potential for addiction with individual users, they decided to conduct an in-depth survey of adverse effects of mephedrone use as seen by users. The starting point for the survey was also the relatively high prevalence of mephedrone use (20.8%) in nightlife settings (Sande, 2010). The main aim of the survey on mephedrone use was to shed light on the characteristics of this drug and to establish the adverse effects it may have according to its users.

Sampling was conducted via the Internet and an online questionnaire that was designed especially for the survey encompassed 130 persons. The questionnaire was to be filled in only by users or former users of mephedrone. All respondents, who have already stopped using mephedrone, were asked to provide answers to some of the questions as they were true at the time o using mephedrone.

The final sample comprised 112 respondents and the sample is not representative. The sample included 58.9% of men and 41.1% of women. The age span of the respondents ranged from 15 to 40 with the average age of respondents in the sample standing at 24 years (n=112). The majority of the respondents completed secondary school (60.4%) and the remaining percentage completed post-secondary or higher education (19.8%), primary school (17.1%) and master's or PhD study (2.7%) (n=112).

The most commonly used drugs in the sample were mephedrone, cannabis, amphetamines and ecstasy that have been tried by over 90% of the respondents. Mephedrone was tried by all respondents, methylone by 55.4% and 2CB/2CE by 27.7% of respondents. 42.0% of respondents tried other legal stimulants (MDPV, 4FA, etc.).

Slightly more than one half of respondents in the sample (53.2%) discontinued use of mephedrone (n=112). Of the persons interviewed, who still use mephedrone (46.2%), the majority has been using it for over one year. Slightly more than one half used it a few times a year and (56.0%) and 28.0 % more than once a month or more often.

The respondents marked that they use mephedrone nasally (88.0%) and orally (50.0%). None of the respondents in the sample marked that they injected mephedrone. It is surprising that the majority of the respondents obtained mephedrone through a friend or bought it from a dealer. Only 10.7% of respondents bought mephedrone online. Users mostly mix mephedrone with illicit drugs and alcohol. Only 18.8% of respondents never mixed mephedrone with other drugs. 82.7% of respondents have already mixed mephedrone with alcohol. In terms of illicit drugs, the respondents mixed mephedrone with cannabis, amphetamines and ecstasy. The highest share of respondents (35.1%) answered the

question on the largest consumed quantity of mephedrone in one night or in a period of continual use to be over 1.5 g of mephedrone (n=111).

The most common psychological problems associated with mephedrone use were insomnia, depression and problems with concentration. The most common physical problems were problems with the mucus membrane of the nose and tingling in the arms and legs. Problems with mephedrone addiction are indicated by the problems of “increasing use” and “use of larger quantities than planned”. Problems with discontinuing mephedrone use before using all stock of this drug were reported by 63.3% of respondents (n=109). The most important reasons for discontinuing or reducing mephedrone use were the “fear of health consequences” and the “continually increasing and more frequent use”. This was marked by over 50% of respondents in the joined “important” and “very important” answers. Important reasons were also “actual consequences of my use”, “addiction” and “weariness”.

Due to the small size and unsystematically chosen online sample, the survey results cannot be generalised but they do allow us to draw some conclusions on mephedrone use in Slovenia immediately before it became an illicit drug. Users believe the most important reasons for mephedrone use to be its “positive effects”, “greater purity than other illicit drugs” and “low price”. This was marked by between 40 and 80% of respondents in the joined “important” and “very important” answers. The respondents believe that easy access and legal nature of the drug were the least important reasons for use (34%). The respondents did not seek help for mephedrone use and if they had, they would have mostly turned to their families (43.2%). 14.4% of respondents would turn to a non-governmental organisation, 12.6% to a healthcare institution and 11.7% to individual counselling.

These results allow us to conclude that mephedrone users were drawn to the drug more by its alleged greater purity and low price than the legal status of the substance and the lack of MDMA. Users mostly bought/got mephedrone from a friend or a dealer, which is similar to what would have happened, had mephedrone been an illicit drug at the time.

Users did not seek help for mephedrone use even though they marked numerous psychological and physical consequences of use. They believe that mephedrone use had actual health consequences and that there were obvious signs that might indicate mephedrone addiction (continually increasing and more frequent use, use of larger quantities than planned, using all stock of the drug).

Survey of smoking behaviours of nurses, midwifes and health technicians in Slovenia

(In this survey only statistically significant results are described)
In 2010, the NIPH in cooperation with the Nurses and Midwives Association of Slovenia implemented a survey on smoking behaviours of nurses, midwifes and health technicians in Slovenia.

The primary method of conducting the survey was via an online questionnaire, while the survey was also conducted via regular mail, telephone or email if so requested. The sample included 1,500 persons or almost 51% of all invited members of the Nurses and Midwives Association of Slovenia. Information on whether they smoked was additionally shared by 218

persons who otherwise refused to fill in the questionnaire. This enabled the analysis of basic data for smoking behaviours by gender, age and level of education for a total of 1,718 respondents. Women prevailed among the respondents (90.3%), which is typical for this profession. The highest number of the respondents was aged 44 to 49 (34.5%) and with regard to the level of completed education, the highest share had completed 4 years of secondary school (61.8%).

20.9% of respondents smoked, 29% smoked in the past but quit smoking and 50% of respondents never smoked. Approximately one quarter of adult Slovenians smoke, which is more than the share of smokers in this group. “The Nurses on Health, Health Behaviours and Health Services” survey conducted in 2001 recorded a 26.2% share of smokers, which indicates that over the last ten years the share of smokers in this group probably dropped by slightly more than 5 percentage points.

Smoking behaviours of the respondents differed with regard to gender. 19.6% of women smoked and 32.9% of men.

Smoking behaviours of the respondents differed with regard to age. The highest share of smokers is found in the youngest age group, i.e. aged 20 to 29 (26.4%).

Smoking behaviours of respondents also differed with regard to the level of completed education but did not differ with regard to whether the respondents worked in a hospital, primary healthcare or elsewhere. The highest share of smokers was found among the respondents who have completed secondary school, i.e. 25.1%.

3. PREVENTION

Drug use prevention is coordinated by the Ministry of Health in cooperation with nine line Ministries. Such cooperation includes interdepartmental bodies and structures. The coordination of these policies is provided by the Government Commission for Drugs. Key partners are the holders and providers of the prevention programmes (governmental and non-governmental institutions and associations), local authorities (municipalities, regions), universities and research institutions.

The main objectives and activities in the field of prevention are laid down in the Resolution on the National Programme in the Field of Drugs (2004-2009) (ReNPPD). In 2010, the coordination activities for the adoption of the new Resolution covering important elements especially from the field of quality provision of the prevention programmes were carried out.

In Slovenia, there are numerous prevention programmes covering both legal and illegal drugs. The prevailing approaches are those of universal prevention. Most often, the main target population are children and youth, followed by parents. Selective prevention is mainly focused on at-risk groups of children and youth and on the prevention in recreational settings. The prevention in at-risk families is carried out in the form of individual family treatment and group support. On the national level, there is a well-developed programme intended for families in which one of the members is an alcohol addict. Indicated prevention is mainly aimed at children and youth with special needs such as attention disorders (ADD, ADHD).

Despite the large number of prevention programmes, Slovenia does not have a national database on the type, extent and effectiveness of these programmes. The data on prevention programmes are collected through researches and reviews as well as reports prepared by the Ministries funding the prevention programmes.

In the first half of 2011, a review of prevention activities in Slovenia was conducted. It covered 116 different prevention activities and showed that the most (66.4%) perceived prevention activities are aimed at school settings, and that school children and parents are most often the target population for various prevention activities (Košir and Talić, 2011). In 2010, the Ministry of Labour, Family and Social Affairs financed 58 different prevention programmes that included more than 19,000 users. In the period 2009/2010, the Ministry of Health financed 9 different prevention programmes through a public tender.

In 2010, an international prevention pilot project EU-Dap Izštekani (Unplugged) was launched in selected primary schools throughout Slovenia, aiming at drug use prevention by improving psychosocial skills. Through the “Izberi sam” (Choose Yourself) programme, 186 workshops aimed at informing youth on the adverse effects of alcohol and risks of driving under the influence of alcohol, and at reducing risks related to alcohol consumption were organized in primary and secondary schools, student homes, youth centres and educational institutions. The “Ne-odvisen.si” (You are In-Dependent) programme providers visited 25 Slovenian municipalities and 1 Italian municipality in which they organized all-day interactive events for children, youth and parents. In the context of the After Taxi programme, subsidized taxi transportation was provided in Ljubljana and Maribor to youth between the ages of 16 and 30 who attend parties where psychoactive substances are used.

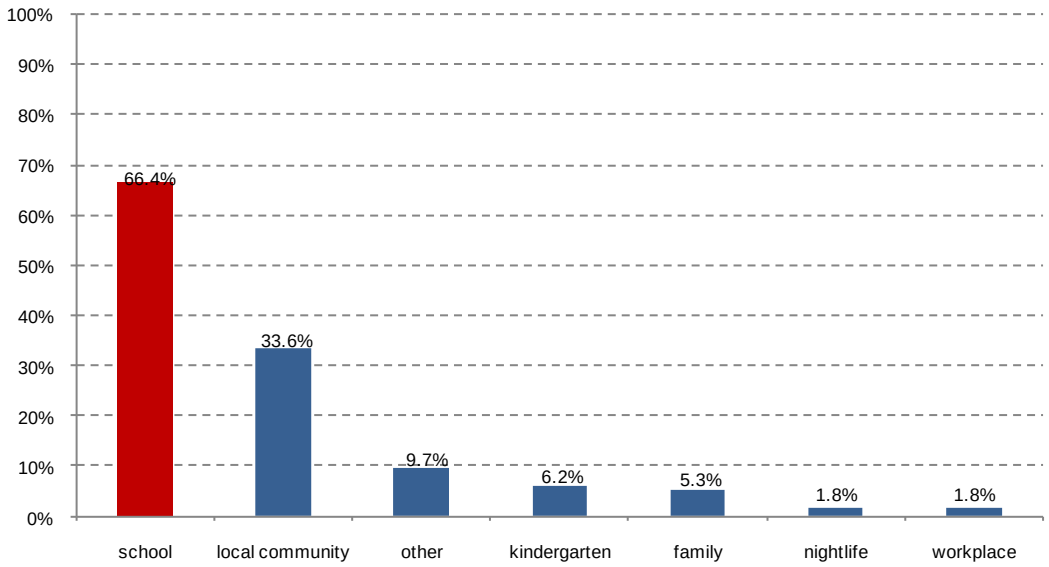
In 2010, the 5th national prevention action, “40 dni brez alkohola” (40 days without alcohol), was carried out, this time with the underlying message “For more real joy without alcohol”. The action called attention to the consequences of excessive alcohol use and encouraged the general public to have fun without alcohol. The “0.0 Šofer” (0.0 Driver) national campaign aimed at reducing harmful and risk-related alcohol use in connection with road traffic safety and the number of traffic accidents due to driving under the influence of alcohol was carried out in June, November and December 2010. At that time, police officers and competent investigating bodies exercised an increased level of control over the compliance with the provisions of the Act Restricting the Use of Alcohol.

The main theme of the prevention month in 2010 was focused on local communities with the slogan “Local Community in Action – Cooperation and Challenges in Prevention”. Various activities emphasized the power of the integration of knowledge, ideas and capabilities of local players in finding and realizing the best solutions for the prevention of addiction.

3.1 Review of prevention activities in Slovenia

In the first half of 2010, a review of prevention activities in Slovenia was conducted under the project titled the Establishment of a platform of non-governmental organizations in the field of addiction prevention. The review that covered 116 different prevention activities indicated that, with regard to the setting in which prevention activities take place, the largest number (66.4%) of perceived prevention activities is aimed at school settings, far less at local communities (especially the activity of so called local action groups – LAG), whereas in other settings, prevention activities are very rare (Figure 3.1).

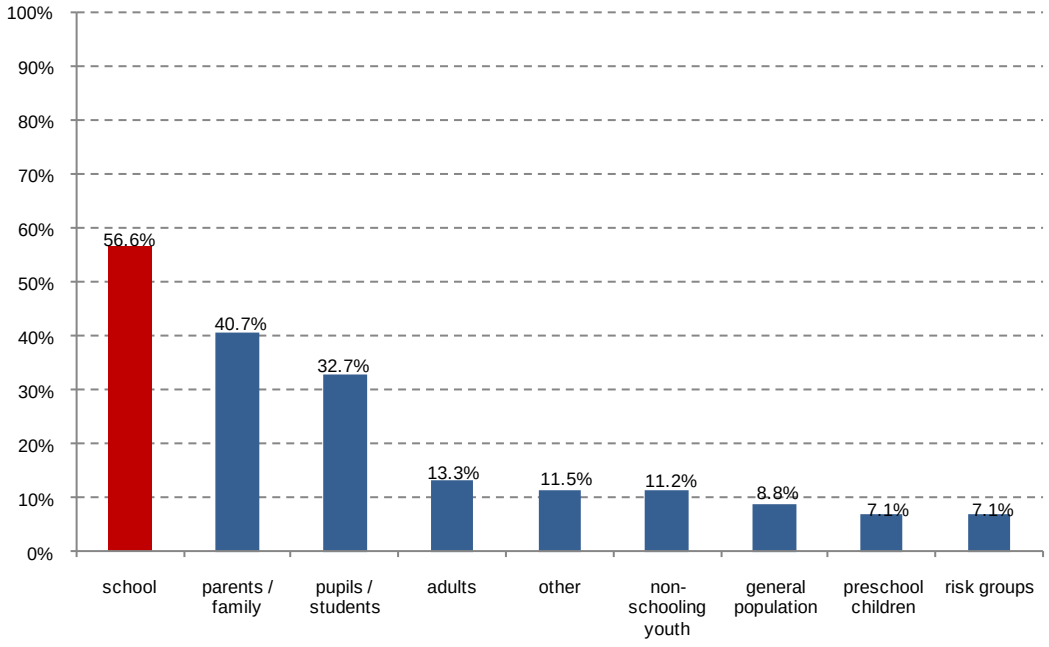
Figure 3.1: *Setting in which prevention activity occurs in Slovenia*



Source: Košir and Talić, 2011

As regards the direct target population, the majority (56.6%) of prevention activities are aimed at the primary school population, 40.7% at parents and families, 32.7% at the secondary school and student population, etc. Other direct target groups are far less represented in prevention activities. A particularly low percentage of activities is aimed at the pre-school population and at-risk or vulnerable groups of population (Figure 3.2).

Figure 3.2: *Direct target groups of prevention activities in Slovenia*



Source: Košir and Talić, 2011

As regards the execution of prevention activities, the most common are workshops (61.1%) and lectures (46.9%), whereas other modes (mass events, training, brochures, seminars, radio/television) are far less common.

3.2 Universal prevention

Universal prevention is the most commonly used approach in Slovenia. The programmes are aimed particularly at developing and strengthening of life skills and at establishing safe and stimulating settings. Only a few programmes are aimed merely at raising awareness and providing information.

Prevention in educational institutions

The competent provider of programmes in kindergartens and schools is the Ministry of Education and Sport. Important professional support is provided by the National Education Institute of the Republic of Slovenia. Universal prevention in educational institutions is most commonly carried out in kindergartens and primary and secondary schools. Contents from the field of legal and illegal drugs are incorporated into the regular educational process in primary and secondary schools. Schools also carry out supplementary prevention programmes and projects, depending on perceived needs. Programmes are carried out by pedagogical workers and co-workers as well as by external contractors (representatives of governmental and non-governmental institutions and associations).

As regards the content, prevention programmes in kindergartens are aimed at general elements of developing and strengthening social, emotional and cognitive skills. In primary and secondary schools, the emphasis is particularly on promoting a healthy lifestyle, maintaining abstinence and establishing safe and stimulating settings. The approaches include the reduction of risk factors as well as endeavours for establishing and strengthening of protection factors that influence the (non-)use of psychoactive substances. Educational institutions are taking part in and cooperate with the prevention programmes that are carried out on different levels in local settings.

A deficiency that has been observed is the lack of programmes which would be implemented systematically and evaluated throughout the country. More common are also activities in the form of one-time events, whereas activities carried out in several sessions are less common.

EU-DAP – Izštekani (Unplugged)

In the school year of 2010/2011, the Institute for Research and Development Utrip began implementing an international EU-DAP pilot project titled “Izštekani” (Unplugged) in selected primary schools. The programme includes 23 intervention and 22 control primary schools. It was developed on the basis of a comprehensive social influence model. It is interactive, combines life skills and normative convictions (young people shape their thinking, ideas and values that are largely influenced by media, music, friends and films, but these influences often contradict the values that young people learn at home and in school). The target group are young people aged from 12 to 14 years because at this stage of life, some of them

already start experimenting with drugs (especially cigarettes, alcohol and marihuana). The programme aims at reducing the number of young people who start using drugs, postponing the transition from experimenting with drugs to regular drug use, and/or postponing the beginning of drug use as much as possible.

The “Izštekani” curriculum consists of 12 lessons carried out during regular school hours. It takes one week to complete each lesson, which means that the programme lasts for 3 months. The lessons of the “Izštekani” curriculum are: Introduction into the “Izštekani” programme, To be or not to be in a group, Choices – alcohol, risk, protection, Your believes, norms and information – do they reflect reality, Smoking a cigarette – get informed, Express yourself, Be true to your beliefs, Party animal, Drugs – get informed, Ability to confront problems, Problem solution and decision making, and Goal setting. The programme also includes a parental component. Cooperation with parents is important, since many researches indicate the need for the integration of parents into the drug prevention programmes aimed at students. This could considerably improve the results of the prevention programmes (Bauman et al., 2001; Cohen and Linton, 1995; Kumpfer et al., 2002). Within the “Izštekani” programme, there are three workshops foreseen for parents: Better understanding of youth, being a parent of an adolescent means growing up together, and Good relationship with my child also means setting limits.

An expert review of the materials used in the programme (teacher’s manual, workbook for students, information cards for students) revealed that it would be reasonable to make some substantive emphases, since certain contents are not suitable for the target group and data have to be adapted to the situation in Slovenia.

Within the project, trainings for teachers were organized with the participation of 159 teachers. Furthermore, an on-line forum for teachers was established (http://www.institut-utrip.si/forum/) which enables them to exchange opinions and experience.

In addition, 35 workshops for parents were organized with the participation of 644 parents. The evaluation of workshops showed that the response from parents was poor. The reasons given by parents were: that they were overloaded with various lectures in which they did not learn anything new, that they already possessed great knowledge on everything in connection with their teenagers, and that they did not have enough time. The workshops were attended particularly by parents with no major problems at home. The challenge therefore lies in considering how to attract parents of at-risk children to schools. Interactive work (i.e. working in groups, role playing) was more effective in smaller groups and among those parents who knew each other better. The project providers also observed that parents were more cooperative where class teachers or teachers who were carrying out the programme were also present. Thus, it would be worth considering carrying out the workshops by teachers themselves. The relationship between parents, their children, teachers and other important professional workers in schools is a very important factor for successful prevention work (Petrie et al., 2007). The project providers noticed that these relationships are often not close enough and that there is no real synergy between them. Finally, they observed that parents are not aware that alcohol is the first drug most children

try, and that only later do they start using tobacco and illegal drugs. Furthermore, parents are still of opinion that the best way to dissuade young people from drug use is the intimidation method (i.e. horror films showing the consequences of drug use, testimonies of former addicts, etc.), which, from the expert point of view, is an erroneous conviction (UNODC, 2004; Morgan, 2001).

The evaluation of the programme is carried out using anonymous questionnaires that students from the intervention (approximately 1 800 students) and control schools (approximately 1 690 students) received at the beginning of the programme implementation. On the basis of these questionnaires, the knowledge, attitude and behaviour of students regarding the use of tobacco, alcohol and other drugs is evaluated. Then, an initial condition is defined to be used in comparison with a condition of a few months after the completion of the programme (June 2011) and approximately one year after the completion of the programme (January 2012). An external evaluation is carried out by the Piedmont Centre for Drug Addiction Epidemiology (OED) research institution that is responsible for the evaluation of this project within the »EU-Dap Faculty« (www.eudap.net) European institution. The project providers enter data from the questionnaires into the uniform EU-Dap programme database, which will also enable internationally comparable results of the programme implementation.

In June 2011, the project providers together with students from intervention and control schools carried out the second round of completing anonymous questionnaires. After completing at least the first two phases of the evaluation (the initial analysis and the analysis after the programme implementation in all participating schools), the results of the programme implementation effects on the target group of primary school students, and other evaluation findings will also be made available. Teachers and students will also fill in evaluation questionnaires the analysis of which will be conducted by the providers in autumn 2011.

"Izberi sam" (Choose Yourself) workshops

In 2010, DrogArt, a Slovenian association for reducing harmful consequences of drugs, carried out the "Izberi sam" (Choose yourself) programme aimed at reducing harmful consequences of alcohol among youth and developing responsibility for more informed and less risky decisions made by youth. The programme had the following objectives: informing youth on possible harmful consequences of drug use and ways of reducing risks (through printed materials, web page and workshops); informing young drivers on possible consequences of alcohol use in traffic; informing youth about taking responsibility for their own decisions, behaviour and health; directing youth with alcohol-related problems to individual counselling.

The programme was carried out in the form of workshops run by 2 qualified youth workers. A group consisted of 12 to 15 individuals. Workshops were carried out in primary and secondary schools, student homes, youth centres and educational institutions throughout Slovenia by using the peer education method. There were two kinds of workshops carried out, with the first one being the Myths and truths workshop that lasted for two hours and was

intended to examine the myths about alcohol through which young people are informed about harmful consequences of alcohol and encouraged to reduce the risks related to alcohol consumption in an unobtrusive way. The second workshop is titled Driving to a party and back. It lasts 3 school hours and is intended for students of the last year of secondary schools, who are just about to obtain a driving licence or already participate in traffic as young drivers. This interactive workshop informs young people about the risks of driving under the influence of alcohol.

In 2010, 186 workshops were carried out, 99 of which were intended for the primary school population and 87 for the secondary school population. Seven workshops were carried out in student homes, one in a youth centre and two in an educational institution. There were 2,264 young people participating in the workshops.

The programme evaluation is based on the number of workshops carried out and the evaluation questionnaires on the satisfaction with a workshop that are submitted to participants at the end of each workshop. The analysis of the evaluation questionnaires showed that for 40.5% of participants, the most interesting was the information about alcohol, 56.3% of participants said that they had gained new knowledge on alcohol, 49.5% of participants answered that they would discuss the themes addressed in the workshop also with friends, and 64.3% of participants would not make any changes to the workshop. After each workshop, a written summary is provided for counselling workers, enabling them to make the planning of new prevention activities easier. The evaluation of the workshop implementation was carried out on regular monthly meetings of mentors.

In the context of the Izberi sam programme, young people are informed about the harmful consequences of drug use also through the www.izberisam.org web page and at events organized at night. For youth having drinking problems, there is also individual counselling available.

Prevention for parents

Different prevention programmes for parents of children and youth are mainly carried out in educational institutions, by professional workers in schools and external contractors (representatives of governmental and non-governmental institutions and associations). Usually, they take the form of individual activities aimed at acquainting parents with the problem of drug use among youth, presenting recent findings on this problem, and particularly at the protective factors and the possibilities of finding appropriate solutions in cases of distress. The activities are conducted in different forms, from one-hour lessons to a set of workshops composed of several meetings. The programme providers are confronted especially with the lack of interest in these contents among the target population.

Ne-odvisen.si (You are In-Dependent)

Parents represent one of the groups addressed by the “Ne-odvisen.si” (You are In-Dependent) prevention programme run by Zavod 7, a non-governmental organization. The programme was developed within the regional campaign launched in 2007 which, due to the needs and positive response, developed from a few months campaign into a continuous

programme that is carried out throughout Slovenia. The honorary sponsor of the programme is the President of the Republic of Slovenia, and the programme is supported by six line Ministries. The main target population of the programme are parents who are reached through different activities intended for children and youth. The programme is carried out in such a way that all-day interactive events in three age groups (i.e. for children from 5 to 9 years of age, young people from 10 to 18 years of age, and adults over 18 years of age) are organized in selected local communities. The aim of the programme is to trigger intergenerational communication about the prevention of chemical and non-chemical addictions and infectious disease prevention. The programme providers put great emphasis on the development of a network of experts from different disciplines. They also include well-known public figures in their programme, such as renowned artists, politicians, athletes, journalists, etc., with whom 35 short videos with motivational messages were recorded.

The programme was substantiated with a song and video spot titled “Nariši nov dan” (Draw a new day) and the web page www.ne-odvisen.si. As regards the contents, this web page is divided in three target populations, namely children, youth and adults. It includes extensive materials that can be printed out (10 thematic materials with key information on individual drugs, 5 thematic materials about interpersonal relationships, and 3 awareness-raising brochures about the Internet, traditional games of chance and online games of chance). There is also an e-counsellor under development, intended for both prevention and treatment. Experts will answer questions from the field of interpersonal relations, alcohol, illegal drugs, and computer, Internet and gambling addiction.

With children aged from 6 to 9 years, different life skills were strengthened through the story of Zarja and Svit. A social game in the form of a map was prepared as supporting material, and the event was diversified by a puppet show. Contents were associated with “homework” – children, together with their parents, had to draw a picture at home and then send it to the programme organizer. In ten months, 1 285 pictures were submitted. Events organized for youth were based particularly on bilateral communication between youth and experts about accepting oneself, responsible treatment of oneself and others, and ways of spending leisure time. All these contents were associated with the elements of drug use. The integration of adults into the activities was achieved through organized social evenings interwoven with expert topics and speeches of noted persons. The themes included in the activities were responsible parenting, harmonization of upbringing and setting of limits. Parents participating at the event could talk to experts individually and also received a manual titled “Tukaj sem” (Here I am).

The programme evaluation showed that in the period from January 25, 2010 to November 25, 2010, twenty-five Slovenian municipalities and one municipality in Italy were visited. In this context, 35 events were organized for pre-school children and pupils of the first triad of a primary school, 66 events for pupils of the second and third triad of a primary school, and 26 social gatherings for adults. The programme covered 40 000 children, youth and adults. After events, 64 people established a connection with the organization (forum, telephone call, direct contact), especially in the sense of seeking help from experts and individual counselling. A special feature of the programme is that it raises awareness of all generations

in one day, and that the activities are interwoven and regularly upgraded thus attracting great attention and interest in the local environment. All-day presence in one place or municipality and raising the awareness of different target groups have proven to be effective, since the target populations encouraged each other to participate at the events (especially children their parents) and later made a connection with the programme providers (Kodelja, 2011). On the basis of the results derived from the expert evaluation, which highlighted some deficiencies regarding the content, changes and programme supplements are planned for 2011, especially with regard to the approaches and materials for children and youth (Zavod 7, 2010).

Prevention programme for strengthening families in the field of addiction prevention

In the school year of 2011/2012, the Utrip institute will carry out a pilot prevention programme for strengthening families in the field of addiction prevention (»the Strengthening Families Program – SFP«), developed by Karol Kumpfer and co-workers. The programme has been scientifically proven as an effective prevention programme for families and is based on skills training within families (Kumpfer et al., 2008). In the beginning, the programme for families of children aged from 6 to 12 years will be carried out, although there is also a programme intended for other age groups. To this date, a 3-day training for future programme providers has been carried out and all necessary materials have been translated. In the school year of 2011/2012, approximately 10 families from the central Slovenia will be included in the pilot programme implementation.

The programme covers primary school students aged from 6 to 12 years and their parents. The programme consists of 14 group meetings, at which the so-called skills training is carried out. Each meeting lasts for approximately 2 hours. The programme makes use of family networks and cognitive-behavioural approaches for improving resistance and reducing risk factors of behavioural, emotional, learning and social problems. The programme builds on protective factors such as: improvement of family relationships, improvement of parental skills, and improvement of social and other life skills of children and youth. The programme also provides stimulations for the presence of family members in the programme, immediate improvement of children's behaviour and doing homework, thereby strengthening relationships and cooperation within a family.

Local community

Prevention in local communities is carried out by various providers. Among governmental institutions, the most common providers are health organizations (health care centres, institutes of public health), police, social work centres, crisis centres for the young and schools, and among non-governmental institutions, the most common providers are various associations and non-profit organizations, local action groups, the Red Cross, religious organizations, youth centres, etc. Prevention in local communities is aimed at establishing living conditions that will direct residents and enable them to develop lifestyles without using drugs or, if they already use them, to make their use as less risky as possible. The emphasis is on providing different options for safe leisure time activities of children, youth and adults.

For 2011, the implementation of the Alcohol Policy in all local communities of Slovenia is planned in accordance with the national programme. The emphasis will be particularly on the identification of drinking settings that are problematic from the perspective of the society/community, groups and events in the region and local communities. In collaboration with various operators, a regional action plan for the prevention of risk-taking and harmful use of alcohol in the region and local communities will be developed (Ministry of Health, 2011).

3.3 Selective prevention

Selective prevention intervenes with different groups of vulnerable children, youth and families who are more likely to develop drug use and other forms of risk-taking behaviour. In the context of selective prevention, schools particularly focus on the early identification of children and youth with difficulties, and their integration in special group programmes such as the "Fred goes net" programme. Programmes offer counselling, psychotherapy, strengthening of social skills, reflecting on one's own behavioural patterns, and promoting positive (personally and socially acceptable) alternatives. The most widespread programmes of selective prevention in at-risk families are carried out in families in which one of the members is an alcohol addict. It takes the form of an individual family treatment and group support. Well-developed is also the prevention in recreational settings with the aim of reducing drug use and damage caused by alcohol and illegal drug use. It has been established that programmes in recreational settings are more widespread in larger cities, whereas on the periphery, these programmes are scarce. There are also information-counselling programmes for parents, teachers and counselling workers who encounter the problem of drug use among children and youth. Selective prevention is carried out by governmental and non-governmental institutions and associations, with the non-governmental sector having a prevailing role.

In capturing the target population into the programmes of selective prevention, the lack of standardized tools for identifying at-risk groups and individuals is encountered.

After taxi programme

In 2010, DrogArt was carrying out the After taxi programme aimed at encouraging youth to plan safer partying by planning safe transport back home in advance. The programme pursues the following goals: influencing the decision-making of youth and young adults in order to prevent them from driving under the influence of alcohol; reducing the number of youth and young adults under the influence of alcohol on the streets of the cities that are participating in the action; encouraging youth to plan parties responsibly; achieving long-term changes in the field of safe driving and youth responsibility; directing youth with alcohol problems into assistance programmes, informing youth on detrimental effects and more responsible use of alcohol.

The project addresses young people attending night parties and therefore representing a group with a higher risk level due to the use of illegal drugs and alcohol, with many of them getting behind the wheel after a party despite the use of psychoactive substances.

Within the After taxi project, subsidized taxi transportation is provided for youth between 16 and 30 years of age. In 2010, this was enabled by coupons that could be obtained at info points in Ljubljana and Maribor. Prior to obtaining a coupon, users had to register on www.aftertaxi.si web page. Each user could obtain the coupons only once. The total value of five coupons was EUR 20 in Ljubljana and EUR 15 in Maribor. Users could cash in the coupons on Saturdays and Sundays between midnight and 7 am. It was also possible for parents to order and obtain the coupons for their children. On two occasions, it was possible to obtain the coupons on site, namely at the "Žur z razlogom" party in Ljubljana (August, 28, 2010) and David Guetta concert (December, 17, 2010).

The DrogArt project was implemented in April 2010 by launching the www.aftertaxi.si web page and issuing the coupons for Ljubljana and its surrounding areas. In 2010, three rounds of coupon distribution were conducted in Ljubljana (in April, August and November) and the total of 544 coupons was issued. In December 2010, the project was implemented also in Maribor and in 2011, on the coastal area.

The evaluation was carried out by using questionnaires distributed to taxi drivers and users. After the analyses of questionnaires and used coupons, two meetings were organized with taxi drivers in order to address current problems and improve cooperation. 93 questionnaires were submitted, the analysis of which showed that young people support the project and want the action to continue. 83.9% of the respondents would like to obtain the coupons one more time, 45.2% of whom are even prepared to get the coupons against payment. The majority of respondents praised the project. The critiques were mainly about the limited coupon validity, time of the action (days of the week) and the implementation of the transport service (Taxi društvo Ljubljana). During the action, 27% of respondents used all 5 coupons, and a similar percent (24%) of respondents used none of the coupons. The given reasons for not using all of the coupons were the lack of need for using the coupons, unsuitable day (on weekends, respondents did not attend parties in Ljubljana), too short a validity period, overbooked taxis and too high prices of taxi services. It is encouraging that 49% of respondents drove home from a party together with friends (or sometimes alone, sometimes with friends – 19%).

The providers carried out the evaluation also in collaboration with the representative of Infopeka in Maribor where they tried to identify the reasons for the obvious reduced interest of youth in the project. It has been established that youth in the Štajerska region usually attend parties in the vicinity of their homes. Therefore, they go home on foot or are driven home by their parents. Also due to the vicinity of parents, youth in Maribor care more about getting home safely than their peers in Ljubljana.

In 2010, 544 coupons were used in Ljubljana and 100 in Maribor. Thus, it may be concluded that the programme reached the target population of youth who attend night parties, and encouraged more responsible planning of nightlife and a safe return home.

European project 'Club Health – Healthy and Safer Nightlife of Youth'

In 2010, the Utrip institute carried out several activities in the context of the European project with the original title »Club Health – Healthy and Safer Nightlife of Youth« aimed at safer nightlife of youth in Slovenia.

Thus, the Ministry of the Interior in collaboration with the Utrip institute and the project partners prepared the Regulation on the compulsory organization of a protection service at public events (Official Gazette of the Republic of Slovenia, No. 22/2010) determing the way in which protection services are organized, the content of a protection plan and penal provisions for beneficiaries who are obliged, in accordance with the law regulating public gatherings, to ensure protection at public events in accordance with regulations on personal protection. The above mentioned regulation covers particularly the organization of a protection service for eating places and discos, which in the previous years proved to be a major problem in Slovenia (for example, the unregulated conditions in this area resulted in some tragic events with casualties among youth).

In September 2010, pilot staff training was carried out at the Orto Bar night club in Ljubljana. The training covered the following topics: the problem of nightlife from the perspective of health and security in general, the protection of night clubs from the perspective of ensuring security to visitors and staff, the problem of illegal drugs in the context of nightlife, legislation (particularly from the field of alcohol, tobacco, illegal drugs and security), damage reduction programmes (presentation by the DrogArt association), high-risk sexual behaviour, first aid, and communication and conflict management strategies.

The project is aimed at promoting a more consistent implementation of strategies and laws in the field of risk-taking behaviour of youth, and to increase the sensibility of media, advertising industry and important policy operators (e.g. politicians and other decision makers) in regard to their share of responsibility for taking action. One of the most important parts of the project is the preparation and execution of an extensive European comparative study on the implementation of legislative and political measures (acts and other regulations, strategies and action plans) that are in any way related to the prevention of risk-taking behaviour of youth in nightlife, in all countries involved in the project. Special attention is given to alcohol and tobacco policy, illegal drugs policy, violence prevention, prevention of sexually transmitted diseases, and security in road traffic. Within this working package, there is an elaboration of a study in progress, and the preliminary results clearly show that the problems regarding the risk-taking behaviour of youth in nightlife are underestimated by the majority of important operators who, on the other side, overestimate the effectiveness of the implementation of legal and other political measures for the prevention of such behaviour during night time. Key players who participated in the study were national politicians (e.g. Members of Parliament or Ministers), regional and local authorities, public officers from the competent Ministries or government offices, scientists and researchers who directly or

indirectly deal with risk-taking behaviour of youth, health and social workers, police officers, representatives of the entertainment industry (e.g. night club owners and staff) and representatives of non-governmental organizations. The preliminary results of the study also indicate that policies and measures for restraining the risk-taking behaviour of youth during night time are well defined and relatively rigorous, and that the problems arise from the implementation in practice and from the control over the implementation.

3.4 Indicated prevention

Indicated prevention is aimed at identification and treatment of individuals that may be predictive for developing an addiction later in life, and to target them individually with special interventions. Indicated prevention is carried out by governmental organizations and specialized associations at national, regional and local levels, in close cooperation with experts from various disciplines and parents or guardians. It is mainly intended for children with special needs, e.g. for children with attention disorder, children with different mental disturbances (e.g. depression), etc.

The majority of these programmes is carried out in an organized therapeutic and educational counselling context. It includes health, psychotherapeutic and psychosocial support, educational support in kindergarten or school, and in-depth work with parents or guardians.

3.5 National and local media activities

In 2010, numerous one-time media events were organized in Slovenia, with the intent of calling the attention of professional and lay public to the problems related to the use of legal and illegal drugs. There were also campaigns carried out over a longer period of time, which are repeated every year.

40 dni brez alkohola (40 days without alcohol)

In 2010, the fifth national prevention action, “40 dni brez alkohola” (40 days without alcohol), was carried out, this time with the underlying message “For more real joy without alcohol”. With this year’s campaign, the action operators, Caritas Slovenia, Council for the prevention and road safety education and Med.Over.Net Institute, in collaboration with Zavod Varna pot (Safe Journey Institute), Department of Family Medicine of the University of Ljubljana with the project “Sporočilo v steklenici” (Message in a Bottle), and the interdisciplinary action group for road traffic safety from Celje, wanted to call attention to the consequences of the excessive use of alcohol, express solidarity with all who suffer from family violence, road accidents and diseases caused by alcohol; and to stimulate the general public to have fun without alcohol.

The action was carried out in the period from February to April. The following communication approaches were used: press conference, www.brezalkohola.si web page and forum, radio advertisement, posters and magnets in the shape of tears.

National campaign: the 0.0 Šofer (0.0 Driver)

The “0.0 Šofer” (0.0 Driver) campaign is a national action developed under the prevention project “Prevention of driving under the influence of alcohol”, implemented by the Ministry of Transport with the aim of warning traffic users about the dangers of driving under the influence of alcohol. It is a harmonized action carried out by several Ministries, police, inspection services, professional institutions and non-governmental organizations. The action is aimed at reducing the harmful and risky use of alcohol in relation to road traffic safety, and the number of traffic accidents caused by driving under the influence of alcohol. The aim of the “0.0 Šofer” action was also to improve the promotion of safe driving, raise the awareness of road users about alcohol consumption and the use of other drugs, and to improve the knowledge about risks related to driving under the influence of drugs and the consequences of such behaviour.

The action was carried out in June, November and December. The target group were drivers on the Slovenian roads. At that time, police officers and the competent inspection services were exercising control over the compliance with the provisions of the Act on the alcohol use limitation, and there were also numerous prevention and media activities (television and radio spots, jumbo posters, web portal http://nulanulasofer.si) taking place.

National campaign in the Addiction Prevention Month – “local community in action – cooperation and challenges in prevention”

In 2010, Slovenia marked its 10th Prevention Month. The central theme was aimed at local communities with the slogan: “Local community in action – cooperation and challenges in prevention”. In times when many people feel overloaded with demands, risks and challenges of the modern world, it is important to discover new sources of power in communities and to strengthen the existing good practices. Various activities and contents were used to emphasise the power of integration of knowledge, ideas and capacities of local players in finding and realizing the best solutions for the prevention of addiction. A broader concept of addiction was taken into account, which is not aimed only at the addiction to psychoactive substances (e.g. alcohol, tobacco, medicinal products, illegal drugs) but also at the addictions related to other forms of risk-taking behaviour (e.g. gambling, eating disorders).

Within the campaign, the following activities were carried out: the creation and distribution of thematic communication, the slogan and the logo to governmental and non-governmental institutions and media; due to the current problems, the field of energy drinks was highlighted in educational institutions and adequate supporting materials were prepared; with the aim of supporting local action groups, a web page was established to enable these groups to inform local public about the activities in local communities and broader societies; national conference; press conference; media activities; the preparation, print and distribution of the publication “Programme guide: Where to get help and information in case of addiction problems” throughout Slovenia; various events in local communities around the country; professional meetings, round-table discussions, workshops and lessons for children, youth and adults, competitions with prizes, info points, public events, open days, debate evenings, theatre plays, etc. Substantively, the activities were aimed particularly at strengthening personal, social and cognitive skills in connection with contents associated with drugs and

various addictions. There were also various media activities carried out (e.g. articles in print media, contact shows on TV and radio stations). An example of activities at a local level are the activities coordinated by the local action group in the Municipality of Jesenice. In November, the Municipality organized and participated in 14 activities for the general public, and 16 activities for the schools in their community (Kašnik Janet, 2011).

4. PROBLEM DRUG USE

According to the EMCDDA definition, problem drug use is defined as injecting of drugs or long-tem/regular use of opioids, cocaine and/or amphetamines in the age group between 15 and 64 years of age within the period of one year. This definition was also applied in the acquisition of estimate of incidence of problem drug use in Slovenia. The estimate of incidence of problem drug use applied the capture-recapture method, which was implemented twice in Slovenia: first for the years 2000 and 2001 and second for the year 2004.

The report includes the research on the drug users from low-threshold programmes, who are according to definitions from various fields classified as problematic drug users. The results of the research acquired from the questionnaire, with the help of the focus group of the drug users from low-threshold programmes and the telephone survey among the employees in the low-threshold programmes showed that the population of problem drug users included in the low-threshold programmes is getting older, while on the other hand, there is a growing number of young problem drug users, who are not included in the programmes. The use of more than one drug is very frequent among the problem drug users. However, the use of heroin (66.4%) still prevails, followed by cocaine (44.3%), marijuana (41.4%) and synthetic drugs (13.6%), while the use of alcohol is on the increase (47.1%). Majority of those who use heroin and cocaine is injecting these drugs. According to the research, less heroin injecting, more cocaine injecting, more heroin and cocaine mix injecting, more medication injecting and more benzodiazepines, methadone and substitute drugs injecting can be detected among the problem drug users. The reason for this is poor availability of heroin and its poor quality. Among those who inject drugs, a little less than two thirds always use sterile equipment, which they usually receive in the programme.

4.1 Estimates of incidence of problem drug use in Slovenia

The estimate of incidence of problem drug use was implemented twice in Slovenia: first for the years 2000 and 2001 and second for the year 2004. Both estimates applied the capture-recapture method, and included data from two sources, i.e. the data on the inquiry for treatment and the treatment in the network of centres for prevention and treatment of addiction from illegal drugs and the data from the police on criminal acts relating drugs. The estimate for 2004 resulted in 10,654 problem drug users in the age group between 15 and 64 years of age, and for 2000 and 2001, 7,535 and 7,399 respectively. A more detailed description is provided in the report for 2008.

4.2 Problem drug use among the users involved in the low-threshold programmes

The Regional Institute of Public Health Koper implemented a research between June 2010 and June 2011, by which it acquired data on the profile of drug users from the low-threshold programmes, who are according to the definition of various fields classified as problematic drug users. Following the EMCDDA recommendations, the target group of problem drug users included users with regular and lengthy use of heroin, cocaine, amphetamines and methadone, and whose prevailing method of drug use was injecting.

The research included 140 collected anonymous questionnaires on the profile of users in the low-threshold programmes, which were filled in by the users in the programmes[3]. In addition, a telephone survey on problem drug use among the users in the low-threshold programmes was implemented among the employees in the low-threshold programmes[4]. A focus group including users[5] from Društvo za pomoč odvisnikom in njihovim družinam SVIT Koper (hereinafter referred to as Društvo Svit) was also organised.

Results

The employees in the low-threshold organisations for the area of drugs state that the population of problem drug users is ageing and that the numbers of homeless drug users are growing. On the other hand, the analysis of the focus target group among the drug users, shows that the number of problem drug users in the community is growing and that there is a growing risk of drug use among young people, who are not included in the above-mentioned programmes ('Young people avoid our programmes.'). According to the opinion of Društvo Svit, majority of problem drug users are between 20 and 35 years of age. They estimate that there are about 60% men and 40% women, they also add that women are more problematic drug users and fail quicker ('Once they start taking drugs, they are like a bottomless pit.'). In addition to the stigma, the ageing of the problem drug user population also affects the permanent exclusion of the problem drug users from the labour market, which directly leads to poverty, dependence on the relatives or to homelessness.

There were 112 men, which represents 80.6% of all surveyed people and 27 women (19.4% of all surveyed people) among 140 surveyed users in the low-threshold programmes (Figure 4.1). The average age of the respondents was 32.8 years; the youngest was 20 and the oldest was 58 years old. Majority of the survey people were between 26 and 35 years of age, which makes up 56.2% of all respondents.

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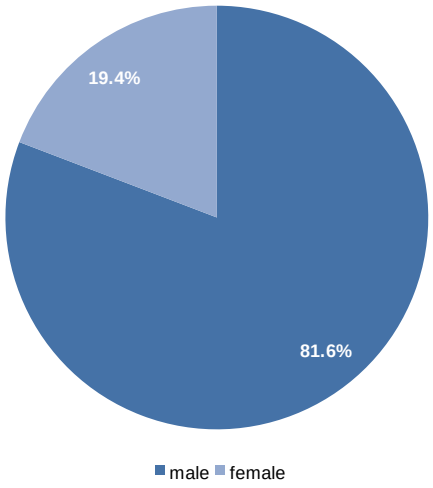
[3] The pattern is comprised of 140 users in non-governmental low-threshold programmes for the area of drugs from the entire Slovenian area (Koper, Izola, Piran, Ilirska Bistrica, Sežana, Ljubljana, Celje, Maribor and Žalec)

[4] The pattern was comprised of the employees in the low-threshold programmes which include nine programmes for intravenous drug users (ALTRA - odbor za novosti v duševnem zdravju/Zavetišče Zoran, Društvo POT Ilirska Bistrica, Društvo za zmanjševanje škode zaradi drog Stigma, Društvo za pomoč in samopomoč ŽELVA-EUREKA Žalec, Društvo za pomoč odvisnikom in njihovim družinam SVIT Koper, Društvo za pomoč zasvojenim in njihovim bližnjim PO MOČ Sežana, Društvo Zdrava pot, Javni zavod SOCIO Celje, ŠENT Slovensko združenje za duševno zdravje – Unit Nova Gorica), the programme which is specialised for minimisation of damage in the area of dance drugs (Združenje DrogArt) and the programme intended for broader population of homeless people, including homeless drug users (Društvo za pomoč in samopomoč brezdomcev KRALJI ULICE)

[5] The focus group was comprised of seven users involved in Društvo Svit

Figure 4.1: *Structure of the surveyed users involved in low-threshold programmes according to gender*



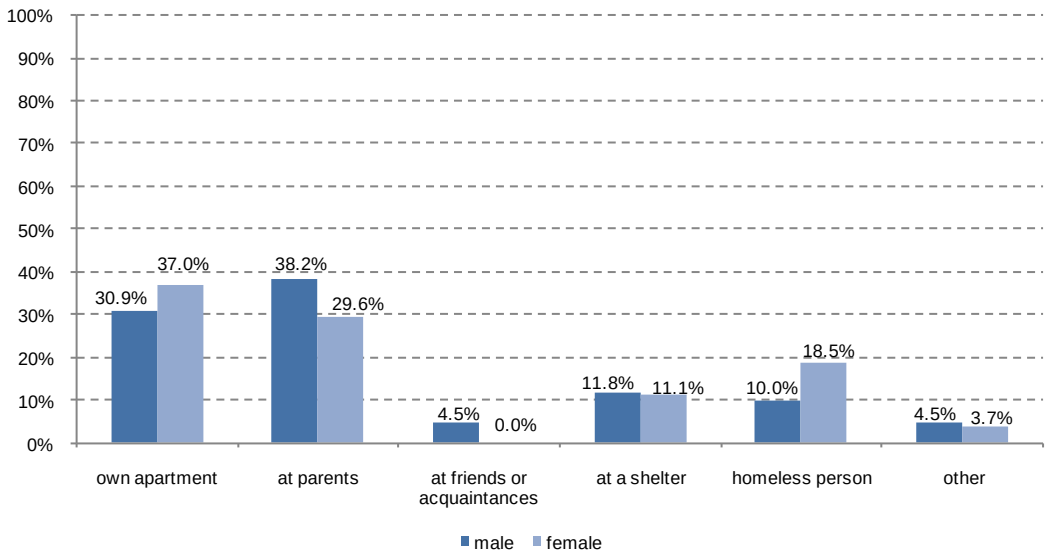
Source: Anonymous questionnaire, Ragional Institute of Public Health Koper, 2010

More than half (58%) of all respondents have a vocational or secondary school education, 31.9% finished primary schooling, 7.2% did not finish primary school and only 2.9% have a higher or university education.

The surveyed users in the low-threshold programmes were mostly unemployed (70.5%), only 18% were employed, 11.5% of the respondents were retired, receiving social benefits or involved in undeclared work.

The largest fraction (36.2%) of drug users lived with their parents, a somewhat smaller share (31.9%) lived in their own apartments (we included ownership and renting), 12.3% were homeless, 11.6% were living in a shelter, 3.6% were living at friends or acquaintances and 4.3% were living elsewhere (at grandmother, brother, in a motel, at Kolizej etc.).

Figure 4.2: *Structure of the respondents involved in low-threshold programmes for the area of drugs according to residence status and gender*



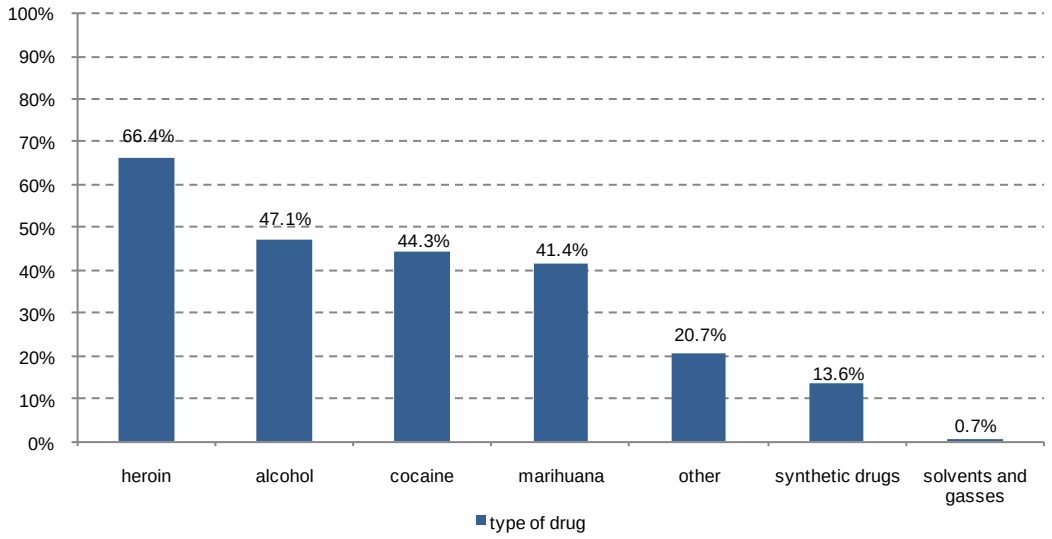
Source: Anonymous questionnaire, Regional Institute of Public Health Koper, 2010

We can observe in Figure 4.2 that the largest fraction (38.2%) of the surveyed men live with their parents, 30.9% have their own apartments and 11.8% live in shelters. The largest fraction (37%) of the surveyed women has their own apartments, 29.6% live with their parents and 11.1% live in shelters. We can see that the share of homeless female drug users is higher than the share of homeless male users. There are 10% of men who declared themselves homeless, and among the surveyed women, this share is greater as it represents 18.5% of women.

Drug use

The employees in the low-threshold programmes discovered that there are several subgroups among problem drug users: the group, who uses a mixture of drugs, where the co-use of methadone, alcohol and sedatives prevail; the group, who uses cocaine intravenously; the group who uses benzodiazepines intravenously (mostly Apaurin and Helex), hypnotics (Dormicum, Sanval) and sedatives; the group, who in addition to drug mixture also uses alcohol and the group of homeless drug users, who do not have permanent residence and health insurance and use a mixture of heroin and alcohol. The analysis of discussions with the users in Društvo Svit revealed that in the group of older problem drug users, the mixture of cocaine and heroin is most frequent in addition to alcohol and marijuana ('My friends drink alcohol, smoke pot and mostly use cocaine.')

Figure 4.3: *Respondents involved in low-threshold programmes according to the type of drug*



Source: Anonymous questionnaire, Regional Institute of Public Health Koper, 2010

Among the surveyed users, who most frequently use more than one type of drug at the same time, 66.4% of them use heroin (Figure 4.3). Among heroin users, 76.3% of them inject the drug, 3.2% snuff it, 7.5% inhale it and 1.1% smoke it. 11.9% of heroin users who inject it also inhale and sniff heroin.

44.3 % of all respondents use cocaine. Among cocaine users, 82.3% inject it, 4.8% sniff it and 1.6% smoke it. 11.3% of those who inject cocaine also inhale and sniff it.

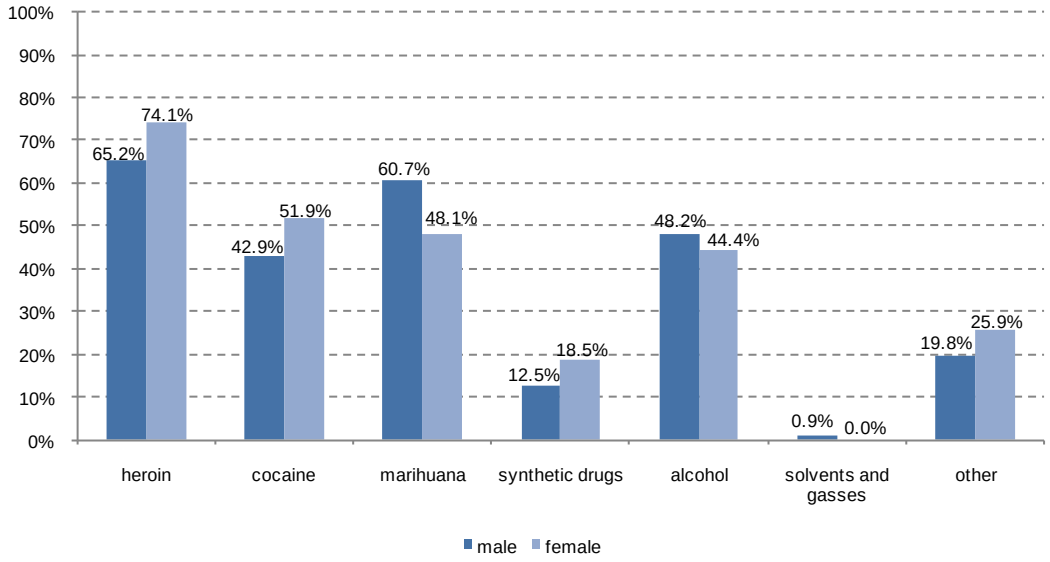
13.6% of all respondents use synthetic drugs. Almost half (47.3%) of synthetic drug users consume drugs orally, 15.8% inject synthetic drugs, 10.5% sniff them and 26.3% combine sniffing with injecting and oral consumption.

41.4% of all respondents use marihuana.

47.7% of all survey people stated that they drink alcohol which to a great extent complies with the results of the research among the employees in the low-threshold programmes, who noticed a growing trend in problem alcohol drinking among the users in their programmes. 68.6% of respondents smoke tobacco, and one respondent, i.e. 0.7% uses solvents and gasses.

20.7% of all respondents stated that they use other types of drugs: substitute medications (Methadone, Suboxon, Substitol), benzodiazepines (Helex, Apaurin), hypnotics (Dormicum, Sanval), soporifics and other medications. The employees in the low-threshold programmes observe that injecting of heroin and cocaine mixture is increasing among the users involved in the low-threshold programmes. In the south-west part of Slovenia (the Coast-Karst region), the injecting of substitol was observed and in the north-east part of Slovenia (the Štajerska region), the injecting of methadone together with juice was on the increase. The use of benzodiazepines increased throughout Slovenia, which were most frequently sniffed, injected and in some areas also orally consumed. According to the users in Društvo Svit, the injecting of medications (mostly Dormicum) also increased because heroin on the black market is of poor quality and very expensive.

Figure 4.4: *Respondents involved in low-threshold programmes according to gender and type of drug*



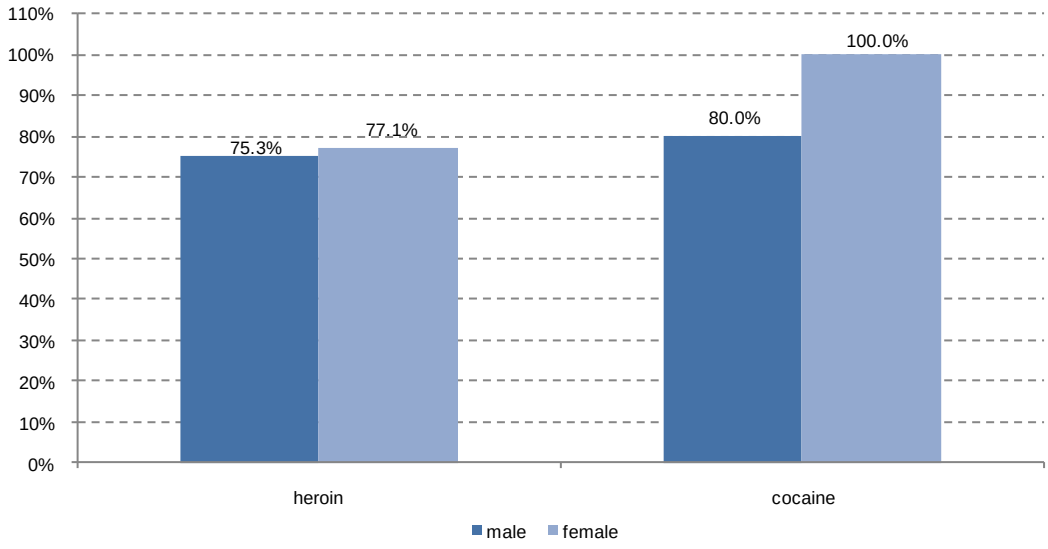
Source: Anonymous questionnaire, Regional Institute of Public Health Koper, 2010

Figure 4.4. shows that 65.2% of surveyed men use heroin. Among surveyed women, the share of those who use heroin is larger than in the male population, i.e. 74.1% surveyed women. Similarity can also be observed in the use of cocaine, because 51.9% of all

surveyed women use cocaine and 42.9% of all surveyed men. A similar ratio can be seen in the use of synthetic drugs and medications (other), only marihuana and alcohol are more frequently consumed by men than women.

The employees in the low-threshold programmes established that in the subculture of problem drug users, the injecting of heroin decreased, while the injecting of cocaine somewhat increased and the injecting of benzodiazepines, methadone and substitute medications seriously increased. The reason for the change in trends is attributed to poor availability of heroin and its poor quality. Due to poor quality of heroine, they observed an increase in the number of applications, from two to three or four applications of drugs daily.

Figure 4.5: *Injecting of heroin and cocaine among the respondents according to gender*



Source: Anonymous questionnaire, Regional Institute of Public Health Koper, 2010

Figure 4.5 shows that there is no significant difference in sex with regard to injecting of heroin, while we can establish that 80% of men and all surveyed women (100%) inject cocaine.

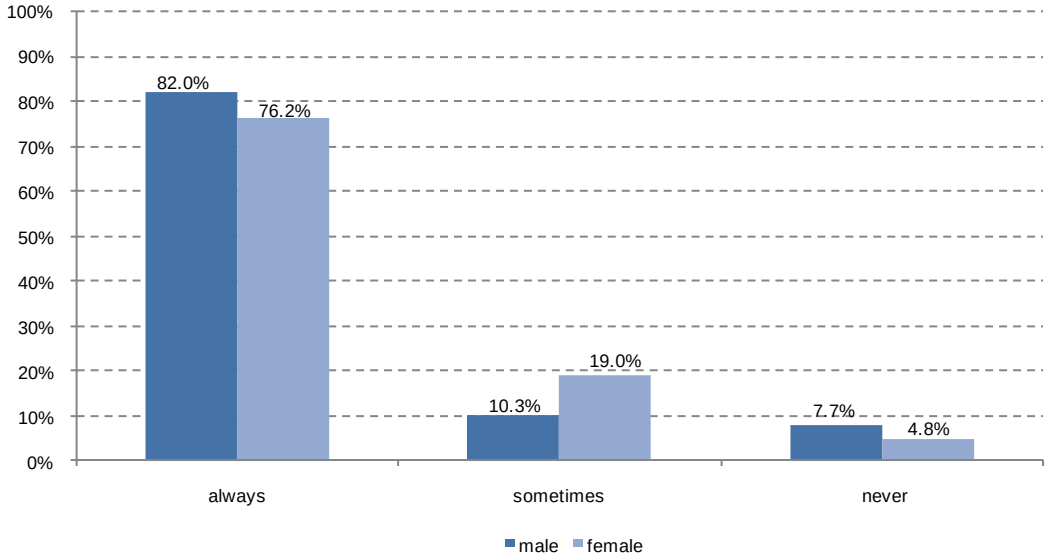
Use of sterile equipment

124 surveyed people responded to the question on the use of sterile equipment for injecting of drugs. 64.5% of them always use sterile equipment for injecting, 9.7% sometimes and 5.6% never. 20.2% do not inject drugs; these were excluded from the analysis of variables which relate to the use of sterile equipment (Figure 4.6).

78% receive the sterile equipment at the programme, 17.8% at the outreach vehicle, 35.6% at the pharmacy, 3.6% from the dealer, 6.8% borrow a sterile syringe from friends and acquaintances. None of the respondents who inject drugs shares the injecting equipment with their friends and acquaintances. 66.1% of them return the used syringe to the programme, 37.3% throw the syringe in the garbage, and 4.2% leave the used equipment where they were injecting the drug. 9.3% replied other ('I keep them separately at home and

then throw them in the garbage.' 'We have our own garbage.' 'I destroy them and throw them in the sewerage.').

Figure 4.6: *Frequency of use of sterile equipment according to gender*



Source: Anonymous questionnaire, Regional Institute of Public Health Koper, 2010

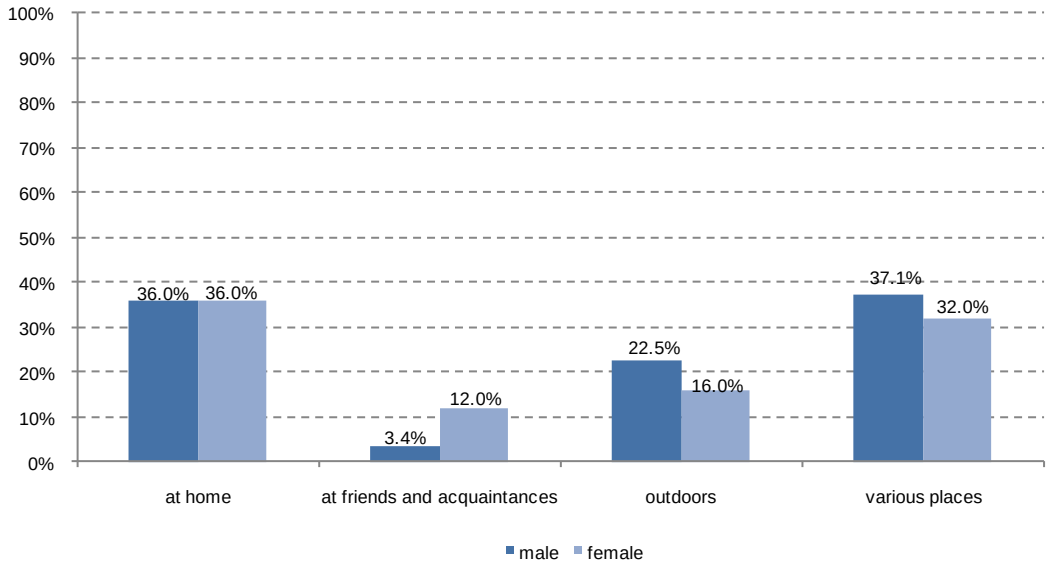
Figure 4.6 shows that among all men who inject drugs, there are 82% of those who always use sterile equipment, 10.3% sometimes and 7.7% never. The structure among women is somewhat different, because 76.2% of women always use sterile equipment, which is less than with men. 19% of women sometimes and 4.8% never use sterile equipment.

The employees in the low-threshold programmes observed an increase in injecting in the groin, the reason for which is, on the one hand, poor condition of veins and on the other hand, hiding their drug use. The consequences of the above-mentioned use are frequent bleedings. The users involved in the programmes believe that among the problem drug users the prevailing method of drug use is still injecting ('Ten per cent smoke pipes, twenty per cent sniff and all others inject.'). Many risk methods of injecting were observed among problem drug users; injecting in the groin and in the neck prevailed. The analysis of discussions with the users in Društvo Svit reveals that young drug users still inject in groups and often disregard the bases for the decrease of use effects on health. According to users, the largest problem of intravenous drug use is vein and muscle damage ('The biggest problem are outs. If you miss while injecting cocaine, it paralyses tissue – muscle.'). As the reasons for vein and muscle damage and virus infections, the users provided multiple use of syringe ('Those who are embarrassed usually have only one syringe. There are people who use one syringe three to four times.'), negligence in the procedure of injecting and disregarding the instructions for diminishing health risks ('People, about ten per cent are careful while injecting and use alcohol wipes, and the beginners who observe that are affected by it, but these are very, very few.').

Premises of drug use

114 surveyed people responded to the question on where do they usually use drugs. 36% use drugs at home, 5.3% at their friends and acquaintances, and 21.1% use drugs outdoors, which is almost one quarter of all respondents. 35.9% users who responded use drugs at different places (at home, outdoors and at their friends).

Figure 4.7: *Premises of drug use according to gender*



Source: Anonymous questionnaire, Regional Institute of Public Health Koper, 2010

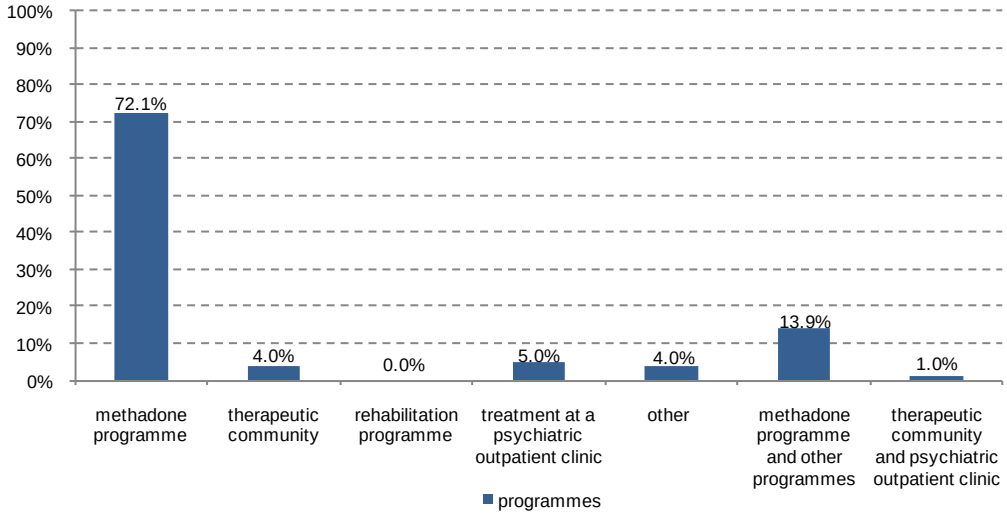
Figure 4.7 shows that an equal share of men and women use drugs at home. The share of women (12%) who use drugs at their friends and acquaintances is larger than with men (3.4%). More men (22.5%) than women (16%) stated that they use drugs outdoors. 37.1% of men said that they use drugs at various places, while 32% of women provided the same reply.

Availability of programmes

24.3% of surveyed people arrive at the low-threshold programmes with a car, 27.1% arrive on the bicycle, 4.3% on a motorcycle and 62.1% arrive at the programme on foot. Data show that almost a quarter of all respondents take risks in traffic.

Inclusion in other programmes

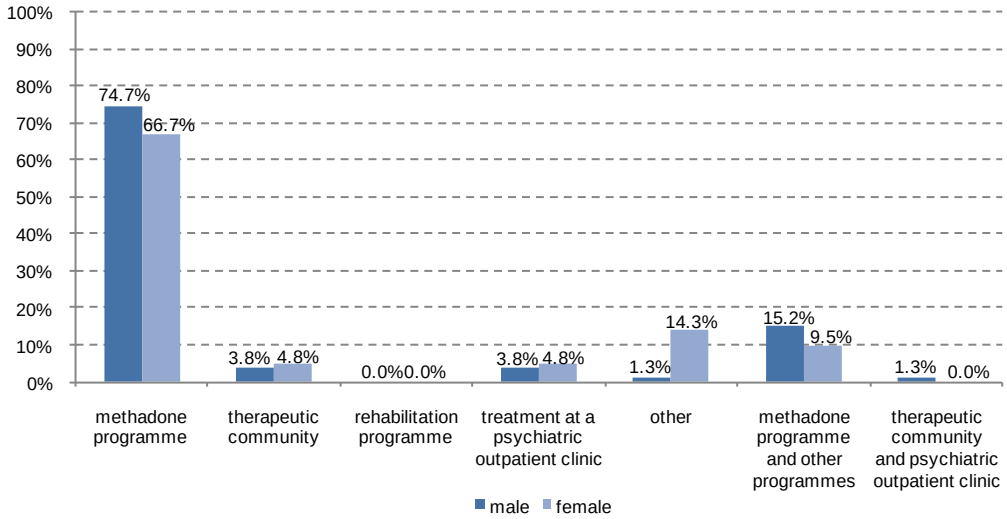
Figure 4.8: *Inclusion of the surveyed users involved in low-threshold programmes and in other programmes for treatment of drug users*



Source: Anonymous questionnaire, Regional Institute of Public Health Koper, 2010

Almost 70% of the surveyed users included in the low-threshold programmes are also included in other programmes. These mostly include programmes of the Centres for the prevention and treatment of drug addiction (hereinafter referred to as CPZOD), which include 72.1% of the respondents (Figure 4.8), followed by the inclusion of the surveyed users in the CPZOD programmes as well as in other programmes, and 4% of the surveyed users from the low-threshold programmes are included in a therapeutic community. The stated data point to the question of the efficiency of treatment programmes in CPZOD.

Figure 4.9: *Inclusion of the surveyed users included in the low-threshold programmes and in other programmes for treatment of drug users according to gender*



Source: Anonymous questionnaire, Regional Institute of Public Health Koper, 2010

Figure 4.9 shows that a higher fraction of surveyed men (74.7%) decides to seek help from CPZOD programmes than women (66.7%).

DRUG RELATED TREATMENT: TREATMENT DEMAND AND TREATMENT AVAILABILITY

5.

In the ″Drug related treatment: treatment demand and treatment availability″ chapter we collected the filled questionnaires from 18 Centres for Prevention and Treatment of Drug Addiction (CPZOPD) and the Centre for Treatment of Drug Addiction at the Psychiatric Clinic of Ljubljana (CZOPD) and from 3 prison units in order to analyse the indicator ″treatment demand″ data. We then processed the data at the NIPH.

That way we have registered 797 persons who in 2010 demanded treatment, either for the first time or once more, in the treatment programmes. It is evident that the principal drug for which users sought help and participated, either for the first time or once more, in the treatment programmes, was the heroin and that in 88%. Most frequently indicated first additional drug was the cocaine (in 27.5%), followed by the alcohol (18.9%), cannabis (18.3%), and then hypnotics and sedatives in 5.4%.

On account of cocaine as the first drug, a smaller share of users compared to the year before sought help, namely 2.5%, and 5.4% users for the cannabis as the first drug. The principal drug, heroin, was used by more than one half of the users every day, however a substantially smaller share of users used it intravenously in the last 30 days (29.1%) compared to the last year (40.2%).

The great majority of drug users who entered the treatment programme, either for the first time or once more, is unemployed. The share of users who are employed is stagnating, and we can see the growth of persons who have completed the college, higher school or academy, and of those who have not completed the elementary school.

We also delivered a review of the adoption of the draft National Programme in the Field of Drugs that will be confirmed for the period 2011 - 2020 and the methods of operating and organization of treatment of drug users within the context of health care. We have also described the development of two fields within the framework of medical care where two, separately treated groups in health care, are in question: users with associated psychopathology and homeless.

5.1 Strategy and policy in the field of treatment of illicit drug addiction in Slovenia

In Slovenia, the basic documents in the field of illicit drug addiction treatment in Slovenia are as follows: Production of and Trade in Illicit Drugs Act (Official Gazette of the Republic of Slovenia, No. 108/99, 44/00), Act amending the Production of and Trade in Illicit Drugs Act

(Official Gazette of the Republic of Slovenia, No. 2/04 – ZZdrI-A and 47/04 – ZdZPZ), and the Act Regulating the Prevention of the Use of Illicit Drugs and the Treatment of Drug Users (Official Gazette of the Republic of Slovenia, No. 98/99). The latter defines the measures for prevention of the use of illicit drugs and the treatment of drug users; it defines the measures that are to contribute to the drug demand reduction.

This time the National Programme in the Field of Drugs will be adopted for the third time in Slovenia. At the moment, the draft National programme in the Field of Drugs for the 2011-2020 Period is at a stage of discussion. On the 17th of December 2010, it was confirmed at the Commission of the Republic of Slovenia for Drugs session, but it has not yet been put up for public discussion and formal inter-ministerial coordination. This is afterwards followed by a reading and adoption in the National Assembly.

The National programme in the Field of Drugs for the 2011- 2020 Period will support treatment programmes and other treatments (hereinafter named treatment) of drug users, which are comprehensive, continued and available to all users. In that respect, it guarantees cooperation of operators of different treatment programmes, psychosocial treatments and psychosocial rehabilitation. The treatment involves all groups of illicit drug users. In all of the programmes, except those who are oriented to a particular population group, the adaptation of programmes to both genders and to different age groups are guaranteed.

The drug user treatment programmes are adopted on the basis of an efficiency assessment, security, expert and scientific grounds. They are confirmed by the highest competent expert bodies. The state provides the means for treatment and rehabilitation programmes from different sources according to the corresponding legislation, where continuous user treatment is guaranteed at the highest level (The Commission of the Republic of Slovenia for Drugs), irrespective of finance resources, namely:

- treatment in the context of health care
- treatment in the context of social assistance, and
- treatment in the context of non-governmental organisations.

These programmes are mutually consistent and a possibility of transition between programmes has to be ensured. In the present report, we will limit ourselves to the medical treatment of the drug users, including prevention of health complication of the user, prevention of spread of infectious diseases in the population and crime prevention.

In the following subchapters, we wish to represent the development of two important fields that started to develop and gain ground professionally in Slovenia.

Development in the field of addiction treatment with related psychic disturbances

»The double diagnosis« is a term describing the co-prevalence of illicit drug use and/or other psychoactive substance use related disturbances and mental/psychiatric disturbance. The mental disturbances inconveniently influence the course of addiction treatment and the anticipation of the result of both mental disturbances. When treating this kind of patients, they use three different treatment models in the world: sequential, parallel and integrated model.

The therapeutic approaches in the treatment of persons with double diagnosis include above all the education on the effects of psychoactive substances and on the mental disturbance, the motivation interview, the behavioural cognitive therapy, the social skills training and the medication.

The treatment programme for persons with mental disturbance and alcohol and illicit drug related disturbance are already developing in Slovenia. The most promising and most recommended is the so-called integrated treatment model. We have not yet developed enough these treatment programmes for patients with double diagnosis, however this kind of treatment is, in a limited extent, available for the patients with double diagnosis at the Centre for Treatment of Drug Addiction at the Psychiatric clinic of Ljubljana, where in the autumn 2009 they introduced the first pilot programme for day hospital for these patients. In the spring of 2010, the programme gained ground taking into consideration the experience from visiting these kinds of programmes abroad and the adapted international guidelines. In other psychiatric institutions in Slovenia these patients are mostly treated only in the most acute stages of the disease, because they do not have programmes providing their integrated medical treatment and rehabilitation.

So far some non-governmental organisations (communes and therapeutic groups) do not have enough skilled professionals and therefore cannot implement efficiently the psychosocial treatment programmes and the medical rehabilitation for persons with double diagnosis. An unfit treatment of these patients can however result in the aggravation of the two disturbances and in the increase of different medical and social risks.

These patients are often homeless, unemployed, socially excluded and many times authors of offences who serve the related sentence of imprisonment where there is also not enough adequate help provided for treatment of both disturbances. More frequently, they can be heteroaggressive and/or suicidal. Therefore, we will devote more attention in Slovenia to this group particularly at risk (the observations show increase in numbers, but we do not yet hold liable data) also in the outpatient treatment programmes, e.g. in the Centres for prevention and treatment of illicit drug addiction and in the primary health care level in general.

It will however be needed in the psychiatric institutions to establish new programmes for hospital care and medical and psychosocial rehabilitation of this population. This kind of programmes have already been put up by the personnel of the Centre for Treatment of Drug Addiction at the Psychiatric Clinic of Ljubljana and was confirmed on the 15th of December 2009 at the meeting of the Health council of the Ministry of Health of the Republic of Slovenia. The programme is already being implemented in a limited extent.

Medical treatment availability for the homeless illicit drug and other psychoactive substance users

On the basis of the research, carried out in June 2009 with the following participants: non-governmental organisation Kralji ulice (Kings of the Streets), Ljubljana Faculty of Education and the NIPH, we prepared special recommendations related to health care, field interventions and dispensary forms of work with the homeless in Slovenia among which we

discovered a lot of alcohol, drugs and mental health related problems. We have treated a sample of 122 homeless persons coming from six towns in Slovenia and collected the data on health condition of the homeless, their experiences with the health care system and their estimations on the availability of this system.

There are two basic conclusions resulting from the research: first, the studied population is, with a considerable amount of certainty, more at risk in the terms of health care or its psycho- and biosocial state/health is worse than that of the general (Slovenian) population. This conclusion applies above all to the field of mental health and addiction and for other physical diseases and states that are related to the life in the streets. Such result is in compliance with most of foreign researches in the field. Second, the availability of health care system and services is worse for the studied population than the availability of both for the general (Slovenian) population. This conclusion also is compliant with the conclusions of most foreign researches on homelessness.

More detailed here summarized recommendations are published in the book »Brezdomstvo, zdravje in dostopnost zdravstvenih storitev[6]« as »Priporočila glede zdravstvenega varstva, intervencij na terenu in dispanzerske oblike dela[7]«. We can define the field work as form of aid for the homeless in the illicit drug and other psychoactive substance related issue as a community oriented activity that we carry out in order to establish contacts with the homeless drug using individuals who are not within the reach of existent services or are not reachable by means of classic health, social and other programmes. The dispensary care for the homeless addict health care and the programmes of proactive informing, awareness and medical service provision for the groups in the streets, which are particularly at risk, should become an important mission and a part of illicit drug and other psychoactive substance use reduction policy.

5.2 Drug user treatment within the context of health care

The treatment of illicit drug addiction is performed in the health institutions in compliance with the law that regulates the medical activity. The medical treatment of drug users is a part of the regular health care programme, which is financed from the resources of The Health Insurance Institute of Slovenia. The treatment is also defined in the Guidelines for the medical doctors in the treatment of drug addicts, adopted already in the 1994 by the Health Council.

The medical treatment of a drug user is performed in the public health institutions and by private health service providers, as outpatient and inpatient treatment.

In 1995 began the establishing of the network of CPZOPD. There are now 19 of them, with teams made up of a general practitioner, a psychiatrist, a psychologist, a graduate and a college-educated nurse or a medical technician. Since 2003, there is a highly specialized

[6] »Homelessness, health and medical treatment availability«

[7] »Recommendations regarding health care, field interventions and dispensary forms of work«

Centre for Treatment of Drug Addiction at the Psychiatric Clinic of Ljubljana (CZOPD) operating, where they are performing an inpatient treatment as well as an outpatient part of treatment, a day hospital and a prolonged inpatient treatment with rehabilitation.

Among other things, the Act Regulating the Prevention of the Use of Illicit Drugs and the Treatment of Drug Users defines the treatment and the establishment and operation of the CPZOPD (that are professionally and organizationally united in the Coordination Centres). The structure and mode of work of the CPZOPD as well as the content and the mode of supervision of the Centre for prevention and treatment are defined by: The Regulations concerning the structure and mode of work of the Coordination CPZOPD and The Regulations concerning the mode of supervision of work of the CPZOPD.

The illicit drug user healthcare treatment doctrine is submitted by the Coordination CPZOPD that also coordinates their professional cooperation. The doctrine is grounded on the basis of foreign and domestic experiences and scientific cognitions and efficiencies that evaluate the adequacy of the existing and the new programmes. The adjustment of health programmes with social treatment of the users before entering the health programmes, during and after medical treatment is guaranteed.

In the primary level of healthcare the users are treated in specialized CPZOPD. The Centres' activities are as follows: guidance council for drug users and their families; individual, group and family therapy; inpatient treatment preparation; assistance in rehabilitation and social reintegration; health and social service consultation; home nursing and therapeutic communities and self-help groups linking; outpatient detoxification; substitution programmes.

In the secondary and tertiary level an inpatient treatment is being performed at the CZOPD at the Psychiatric clinic of Ljubljana, which includes detoxification, treatment of crisis conditions, treatment of addiction of patients with associated mental disorder, specialist outpatient activity, day-hospital treatment and prolonged inpatient treatment with rehabilitation.

According to the data of the Coordination CPZOPD, there were 4,197 persons who entered the treatment in 2010, and out of those 3,545 persons were participating in a substitution treatment with the following substitution drugs: methadone, suboxone, buprenorphine and SR morphine (Kastelic, 2011), as shown in the Table 5.1. Number of persons who entered the treatment or were participating in a substitution treatment and were treated at the CPZOPD differs from the number collected with TDI questionnaire, because of different methodology.

Table 5.1: *Number of persons treated at the Centres for Prevention and Treatment of Drug Addiction in 2010*

Total number of persons treated	Number of persons in the substitution treatment	Methadone	Suboxone	Buprenorphine	SR morphine
4,197	3,547	2,615	577	97	258

Source: Coordination Centres for Prevention and Treatment of Drug Addiction, 2011

The medical workers and co-workers guarantee the medical activity when the latter is ratified by a competent expert body in compliance with the health legislation in public organizations and establishments outside health service who implement the certified drug user treatment programmes. It holds the same for the continuity of treatment of addiction during police detention, in protective custodies and prisons, which has to be adjusted with other illicit drug addiction treatment programmes in which the user participated prior to the detention. After serving his sentence, the user is enabled to continue the treatment adequately.

With the appearance of new drugs that have not yet been regulated but represent however a danger for human health, or forms of drug use that threaten the life of the user or signify a risk of spread of infectious diseases amongst the population, the resources for the fast implementation of new drug user treatment programmes, informing and forming of medical workers and informing of the public are provided from the budget of the Ministry of health. Upon the motion of competent expert bodies the forming of the new forms of treatments of addiction can be temporarily co-financed from the budgetary resources, where the priority is given to the drug abstinence oriented programmes and methods, and to those preventing the harmful effects of drug use, the spread of infectious diseases and crime.

Beside the health treatment, all treatment programmes for illicit drug addicts also include psychotherapeutic and psychosocial treatment, preformed by the experts qualified in the treatment of the drug users, and the social problem solving programme.

For each programme a corresponding link to the social assistance services is assured.

Separately treated groups in the healthcare are the users with associated mental disturbance, pregnant women, mothers with children, persons infected with HIV and hepatitis B and C virus, homeless, children and youth and the drug users with different chronic diseases. In the health service, the illicit drug users that are also addicted to alcohol and/or medicines and volatile substances are provided with an adjusted treatment and cooperation of experts in all fields. With the introduction of new programmes and for the evaluation of the existent illicit drug addict treatment programmes in the health service, a simultaneous monitoring and evaluation of the programmes are provided.

Certainly, the addiction treatment by means of substitution drugs is only a part of the options for drug addict treatment within the context of the healthcare sector. The medical workers also know and take into consideration all other treatments that are being performed in the social sector; however, the latter are somewhat less investigated and evaluated.

The medical treatment has to be tightly connected with expert activities, which are destined to solving the social problems and are exercised in the range of social care services, social security programmes and other forms of assistance in compliance with the legislation concerning social security. Within the framework of social care services, there are mostly the first social and counselling that are being performed, and within the framework of social care programmes, public social care programmes, experimental programmes and development programmes are being carried out. The performing of different forms of aid in the range of social security programmes is mostly ensured by the non-governmental organizations. The latter include also the programmes designed for individuals, families and population groups in overcoming the drug use related social distress and difficulties. They also include organized forms of assistance for the illicit drug users, their families and other interested parties.

Besides consolidating the existing programme network, we will also promote the establishing of new, »experimental« programmes that response to the social changes. The operators' expert work in this field can only be successful with mutual supplementing of the operators' activities in different levels. The expert work is therefore performed by different modes of work: e.g. field work that helps establish the contact with the users; ″drop in centres″ and high-threshold day centres where un individualized aid programme is implemented (informing, counselling, recognizing of the social distress); promotion of different forms of mutual help of the users and mutual help of the families (self-help groups, social networks); night shelters; counsel and other therapeutic forms of for the users who do not need daylong treatments or resident treatments (the principle of damage reduction); different forms of high-threshold programmes whose work is aimed at achieving the abstinence; reception and day centres; therapeutic communities and communes. The participants in these programmes are the individuals who wish to stop using drugs: in the high-threshold programmes, which are based upon the work of experts, corresponding diagnostic procedures are provided (social anamnesis, family anamnesis, psychological anamnesis), counsel and therapeutic work and the parallel family treatment; in the ″Reintegration centres″, as an expert form of work with stable abstainers and their families, a concrete social reintegration is enabled.

The therapeutic or medical treatment is followed by one of the most important constituent parts, namely the social reintegration or the reintegration of former drug users into the society.

5.3 Characteristics of the users who in 2010 entered the treatment programme once again or for the first time

The ″Register of drug user treatment″ questionnaire (or the TDI-Treatment Demand Indicator questionnaire) is a form by means of which in Slovenia we collect the data on treatment demand and consequently monitor and study the spread and characteristics of problematic drug use.

For the purpose of analysis, in 2010 we collected the filled questionnaires from 18 CPZOPD and the CZOPD at the Psychiatric Clinic of Ljubljana and from 3 prison units.

That way, in 2010 we captured 3,332 persons by means of the questionnaire, out of which 2,535 were participating in the continuous maintenance programmes, and 797 persons were participating in the treatment programmes, either for the first time or once again. This chapter presents the population participating, either for the first time or once again, in the treatment programme in CPZOPD, CZOPD or in prison.

Demographic structure of programme users

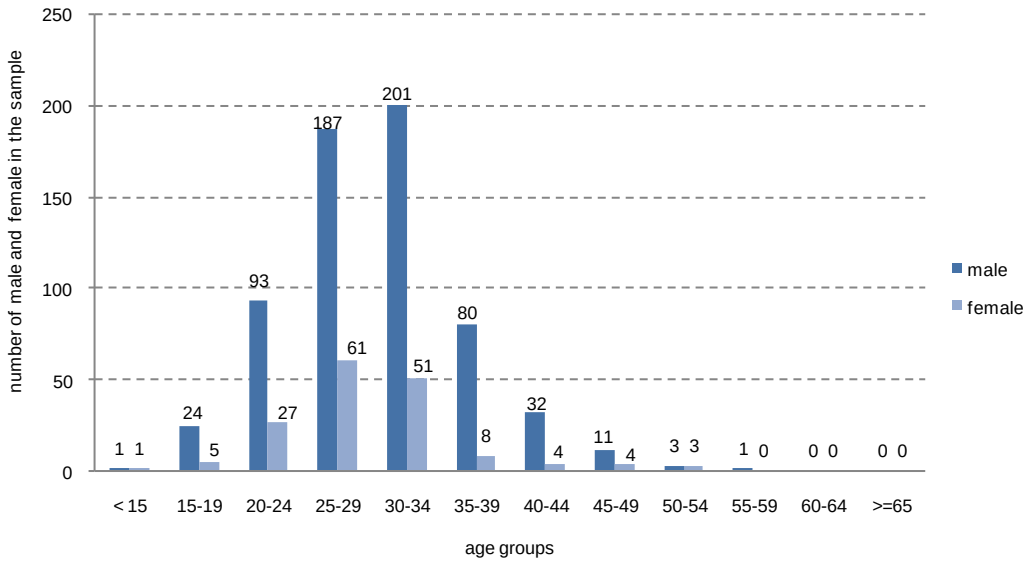
By means of the TDI questionnaire we captured 797 treated users, out of which 633 men (79.4%) and 164 women (20.6%). Out of 797 users, 277 (34.8%) entered the programme for the first time, and 520 persons (65.2%) entered the programme once again in 2010.

The average age of all users that participated in the programme for the first time or once again was 29,9 years, where the average age of men was 30 years and the average age of women was 29,2 years.

Out of 277 persons registered for the first time, 214 men (77.3%) were treated and their average age was 28,1 years; and 63 women (22.7%) seeking treatment for the first time, whose average age was 27,1 years.

The majority of all users (797 persons) can be classified into the age group from 30 to 34 years of age (Figure 5.1), while the age group of the majority of users who participated in the treatment programme for the first time (277 persons) is from 25 to 29 years of age.

Figure 5.1: *Programme users in 2010, according to the age structure expressed in years of age of all treated persons, Slovenia, 2010*



Source: National Institute of Public Health, 2011

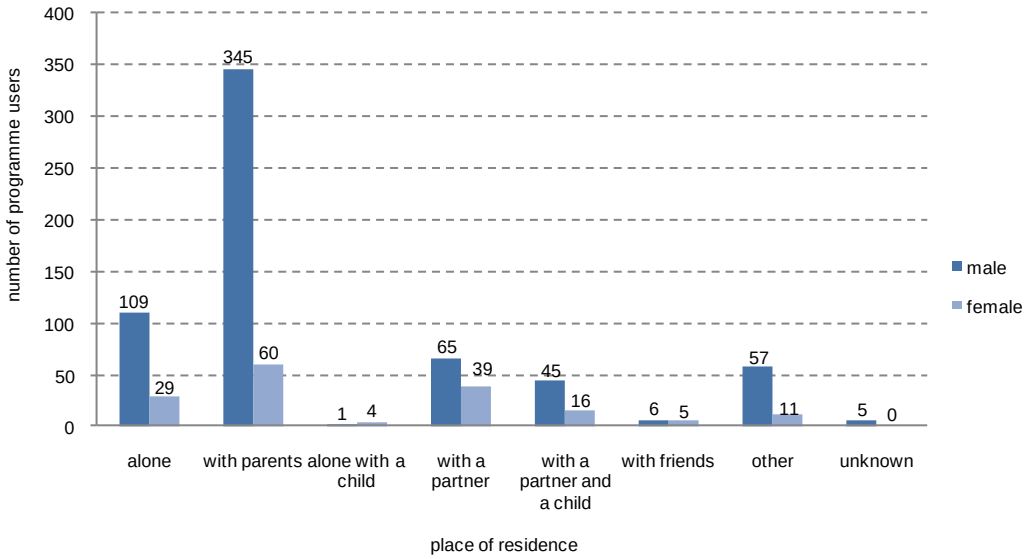
They mostly came into the programme by themselves (545 users, which represents 68.4%), 65 users came on the initiative of the parents (8.1%), 5.3% of users came with a note from another centre, 5.4% were referred to treatment by the court, 3% came from a hospital, 12

users were referred to the programme by general practitioners, 2 by social service and for the rest of the users the source of reference is unknown.

Place of residence of the programme users

The majority of the users (405 persons) who participated in the programme for the first time or once again lives at home with their parents (50.8%), 138 (17.3%) lives alone, 104 (13%) lives with their partner, and 7.6% or 61 persons live with a child and a partner (see Figure 5.2).

Figure 5.2: *Programme users according to the place of residence, Slovenia, 2010*



Source: National Institute of Public Health, 2011

17 (2.1%) of users treated for the first time or once again stated that they do not have a permanent residence, and 7.4% came out of an institution.

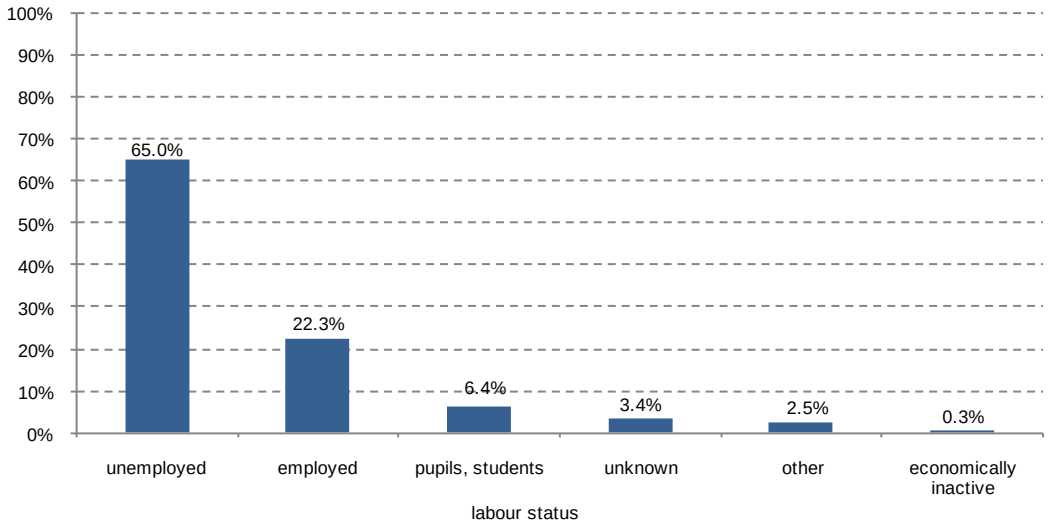
Out of those treated for the first time 4.7% were like that, 2 persons were homeless, and for 11 persons the situation was not evident.

Employment status of the programme users

Among the users who in 2010 participated in the programme for the first time or once again, the majority was unemployed, 65% (518 persons) in the mentioned year, out of which 49.7% men and 74.4% women. There were 178 or 22.3% employed aid seekers (Figure 5.3).

Amongst those who entered the programme for the first time 153 (55.2%) were unemployed, and 67 persons or 24.2% were regularly employed.

Figure 5.3: *Programme users according to the employment status, Slovenia 2010*



Source: National Institute of Public Health, 2011

Degree of education of the programme users

The biggest part of those participating in the programme for the first time or once again represented the persons who finished secondary school (50.7%). 276 persons finished elementary school (34.6%), 2.6% of persons have not finished secondary school, and the college and higher university studies were finished by 4.5% of users. There is no data available for the rest of the users.

Amongst those accepted for the first time the situation is similar: secondary school was finished by 50.9% of the users, 28.9% of users finished elementary school and 3.6% have not. The college or higher university studies were finished by 6.1% of the users. There is no data available for the rest of the users.

The first drug for which the users participated in the programme for the first time or once again

The biggest part of those registered for the first time and once again in the 2010 for seeking medical aid in the Centres or prisons stated difficulties with the opiates. Out of 797 registered persons, 722 were treated for the abuse of the opiates (90.6%). 702 users (88%) used heroine as the first drug (97.2% of all who used the opiates as their main drug), 16 (2%) was abusing the methadone that was not prescribed for them as a medicine. 20 persons, or 2.5%, sought aid because of cocaine, and 43 persons (5.4%) needed treatment because of the problems related to the cannabis addiction. 6 persons participated in the treatment programme due to the sedatives or hypnotics related difficulties, while 3 persons participated due to the synthetic drug abuse.

Amongst 277 users who entered the programme for the first time 229 (82.7%) were treated due to the abuse of the opiates. 224 persons or 80.9% used heroine as their first drug (97.8% of all who used the opiates as their main drug), 3 persons (1%) abused the

methadone was not prescribed for them as a medicine. 10 persons, which represents 3.6%, sought aid because of the cocaine, and 31 persons (11.2%) because of the problems related to the cannabis addiction. Only 2 persons participated in the programme due to the abuse of synthetic drugs and 3 persons due to the problems related to the use of sedatives or hypnotics.

Ways of use of the first drug

Out of 797 registered users 722 were treated for the abuse of the opiates out of which 702 (88%) users used heroine, which was mainly injected, namely in 52.8% of the cases which represents 370 users. 35.8% or 251 users smoked it and 10.8% of the users sniffed it. 14 users used the methadone, which was not prescribed to them as a medicine, per os, and 2 persons injected it. 20 persons, which represents 2.5%, sought aid due to cocaine as their main drug. Out of them 10 users were injecting the cocaine and 6 persons were sniffing it.

There were 633 men, or 79.42% of the users, who participated in the programme for the first time or once again. Out of them 575 (90.8%) used the opiates as their first drug; 559 (88.3%) used the heroine, namely intravenously in 54% of the cases representing 302 users. The heroine was smoked by 35% of the users or 196 users, and sniffed by 10.5% of the users. 11 users were using the methadone, which was not prescribed to them as a medicine, per os, one user injected it. 15 persons sought aid due to the cocaine, which represents 2.3%. Out of them 7 persons were injecting it and 4 persons were sniffing it.

There were 164 (20.6%) women in the registered group. Out of them 147 (89.6%) used the opiates as their first drug. The heroine was used by 143 (87.2%) women. It was injected by 47.5% of women, smoked by 38.5% of women, which represents 55 female users, and sniffed by 11.9% of female users. Cocaine was used by 5 (3%) women as a main drug, 3 women were injecting it, 2 were sniffing it. 8 women (or 4.9%) used the cannabis as their first drug, 3 women sought aid because of the sedatives or hypnotics addiction.

There is only a slight difference in those who were accepted for the first time: out of 277 registered 229 (or 82.7%) were treated for the abuse of the opiates, 224 users (80.7%) were using the heroine, out of which 42.8% or 96 users were injecting it, 41.9% or 94 users were smoking it and 13.8% of the users were sniffing it. 3 users were using the methadone, which was not prescribed for them as a medicine, per os. 10 persons sought help due to cocaine as their main drug, which represents 3.6% of the users, out of them 3 users were injecting it, while 4 users were sniffing it.

Frequency of use of the first drug

411 (or 56.9%) out of 722 registered users of the opiates were using the opiates on a daily basis. Heroine, as the first drug, was used on a daily basis by 397 (or 56.5%) out of 702 heroine users, followed by the users have not used the heroine in the past month, namely 22.3% (157 users).

Amongst the users who have entered the programme for the first time, there were 140 persons (or 61.1%) out of 229 registered opiate users who used the opiates on a daily basis.

Heroine was used on a daily basis by 138 (61.6%) out of 224 users. They are followed by the users who have not used the heroine in the past month, namely 17.4% (39 users).

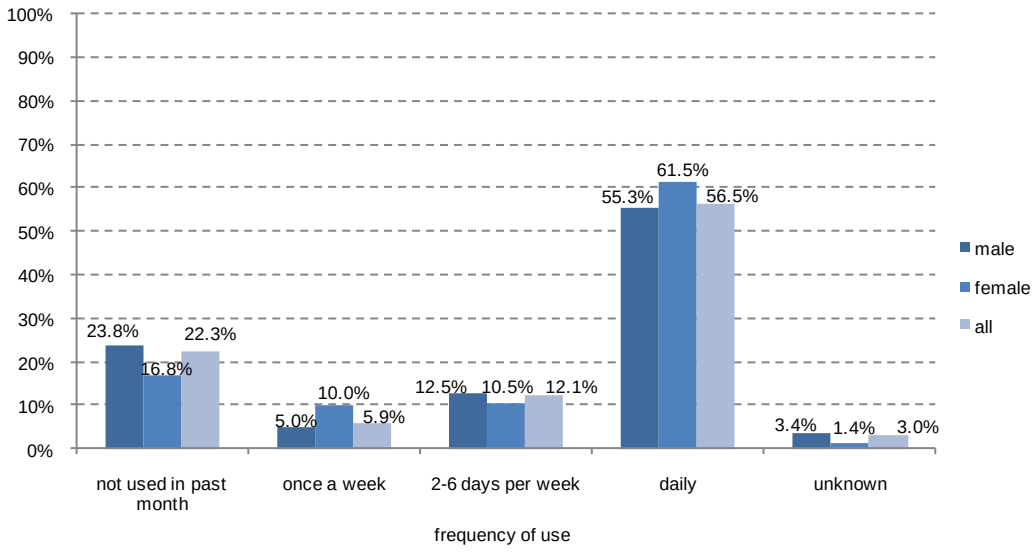
There were 559 users (88.3%) amongst men who used the heroine as their first drug. Out of them 309 users used it on a daily basis, which represents 55.3% of the users. They are followed by 133 men (or 23.8%) who have not used the heroine in the past month.

Amongst men who entered the programme for the first time, there were 171 (or 79.9%) users using the heroine as their first drug. Out of them 60.2% were using heroine on a daily basis, followed by men who have not used heroine in the past month, representing 18.7% of the users.

There were 143 (87.2%) of female heroine users, out of which 88 (or 61.5%) on a daily basis. 16.8% of female users have not been using the heroine in the past month.

Amongst women who entered the programme for the first time, there were 53 users using the heroine as the first drug, out of which 66% were using the heroine on a daily basis (which represents 35 persons), followed by the female users who have not been using the heroine in the past month, namely 13.2% of the users (Figure 5.4):

Figure 5.4: *Frequency of use of the main drug, classified by the gender, Slovenia, 2010*



Source: National Institute of Public Health, 2011

5.4 Trends in users in the treatment programmes

Trend in the share of the persons entering treatment for the first time or once again in the CPZOPD or prisons in the current year according to the main drug

The biggest part of treatment seekers in the years from 2005 to 2010 are persons having heroin addiction related problems. They were most numerous in 2007 (93.6%), then their share decreased considerably in the years 2008 and 2009, and increased again in 2010 to

up to 88%. We can attribute this increase to the decrease in the share of persons who in 2010 sought help due to cocaine addiction, which was 2.5% in this year whilst in 2009 it was 4.6%. In the persons with cannabis related problems, we can see the increase in their share starting from 2007, namely from 3% in 2007 to the highest value in 2009 (6.4%), and in 2010 the share of these seekers is 5.4%. In the previous years, we noticed a decrease in the benzodiazepines, while in the year of 2009 the share increased to up to 0.9%, and in the 2010 the share decreased somewhat again, namely to 0.6% (Table 5.2).

Table 5.2: *Trends in shares of users according to the first drug in patients who entered treatment for the first time or once again, Slovenia, 2010*

	2005	2006	2007	2008	2009	2010	Total
Heroin	90.1%	92.4%	93.6%	91.0%	84.9%	88.0%	**90.0%**
Methadone, non-prescribed	0.8%	0.5%	1.5%	0.6%	1.9%	2.0%	**1.2%**
Other opioides	0.3%	0.2%	0.3%	0.1%	0.3%	0.5%	**0.3%**
Cocaine	1.4%	0.8%	0.9%	1.3%	4.6%	2.5%	**1.9%**
Amphetamines	0.2%	0.2%	0.0%	0.0%	0.4%	0.2%	**0.1%**
MDMA in other synthetic derivatives	0.5%	0.2%	0.1%	0.3%	0.1%	0.1%	**0.2%**
Benzodiazepines, sedatives	0.5%	0.2%	0.1%	0.1%	0.9%	0.6%	**0.5%**
Volatile substances for inhalation	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	
Cannabis	5.7%	5.0%	3.0%	3.1%	6.4%	5.4%	**4.7%**
Unknown	0.6%	0.6%	0.4%	3.3%	0.3%	0.4%	**0.9%**
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

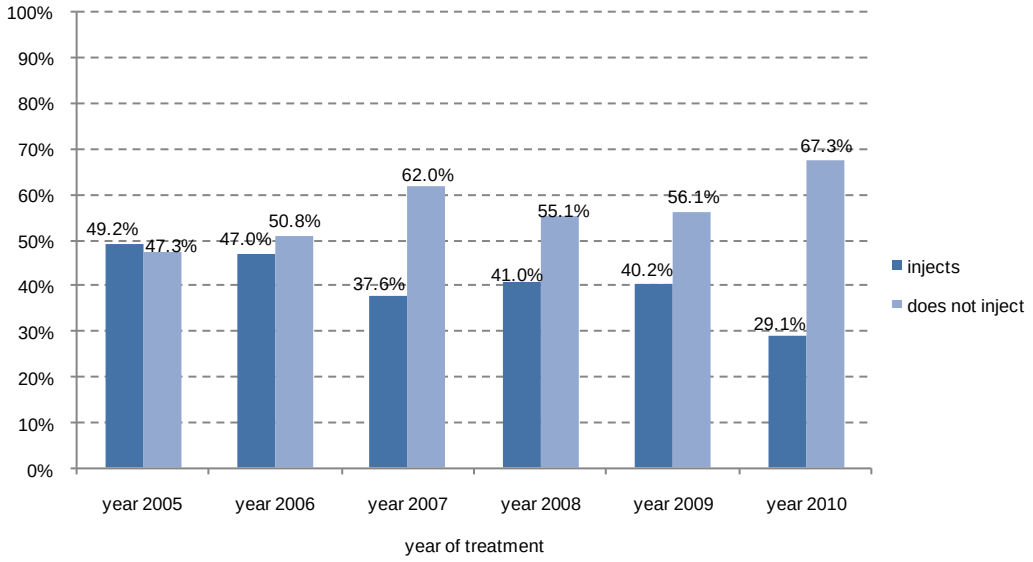
Source: National Institute of Public Health, 2011

Risk behaviour – drug injection

The drug injection in the drug users represents a higher risk of infection with hepatitis C and B and HIV viruses. From 2005 to 2007, we could notice a decrease in share of persons who used the drug intravenously in the past 30 days, whilst in 2008 this share increased to up to 41%. In 2009 the trend was stable, as the mentioned share was 40.2%, and in 2010 it decreased substantially, namely to 29.1%, which shows an improvement in the users' risk behaviour (Figure 5.5).

The data is different in users who entered the programme for the first time (Table 5.3) and the share of persons who used the drug intravenously in the past 30 days is 20.2%.

Figure 5.5: *Persons who entered the treatment programme for the first time or once again in a particular year, regarding the way of use of drug in the past 30 days, Slovenia, 2010*



Note: the cases marked with unknown are omitted from the diagram
Source: National Institute of Public Health, 2011

Table 5.3: *Risk behaviour in persons treated for the first time according to gender, Slovenia, 2010*

Risk behaviour	Male	Female	Total
Currently injecting: in the past 30 days	14.4%	5.8%	**20.2%**
Ever injected, but not currently	27.0%	7.2%	**34.3%**
Never injected	33.2%	8.7%	**41.9%**

Note: the cases marked with unknown are omitted from the table
Source: National Institute of Public Health, 2011

Movement of share of persons who sought helps for the first time or once again in the CPZOPD or prisons in the current year according to the social category

It is evident from the Table 5.4 that most of drug users who entered the treatment programme for the first time or once again are unemployed. In the years 2007 and 2008 a slight decrease in the share of unemployed was noticed (from 60.6% in 2005 to 54.8% in 2008), but the trend turned in 2009 when the share of unemployed raised up to 62.5% and increased to 65% in 2010. Since 2005 we could notice a decrease in the share of the population of pupils and students (from 13.9% in 2005 to 6.3% in 2008), then the movement turned in 2009 (9%), and in 2010 the share of this population was 6.4%. In the group of regularly employed we could notice some oscillations when the share of employed persons was increasing from 2005 up to 2008, and then it decreased in 2009 to 22.5% and in 2010 it was kept at 22.3% (Table 5.4).

Table 5.4: *Trend in the share of employed, unemployed and pupils and students in the programmes in the years from 2005 to 2010, Slovenia, 2010*

	2005	2006	2007	2008	2009	2010	Total
Regularly employed	20.5%	21.8%	24.7%	25.2%	22.5%	22.3%	**22.8%**
Pupil, student	13.9%	11.1%	9.3%	6.3%	9.0%	6.4%	**9.3%**
Econ. inactive	0.2%	0.6%	0.4%	0.6%	0.6%	0.3%	**0.4%**
Unemployed/occasional employment	60.6%	62.3%	56.9%	54.8%	62.5%	65.0%	**60.3%**
Other	4.4%	3.7%	6.5%	5.1%	2.0%	2.5%	**4.0%**
Unknown	0.5%	0.6%	2.2%	8.1%	3.2%	3.4%	**3.0%**
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Source: National Institute of Public Health, 2011

Regarding the educational levels of the persons who sought aid for the first time or once again in the treatment programmes in the years from 2005 to 2010, we can see that the trend of the lower number of persons with unfinished primary school turned in 2010 and that the share went up to 2.6%. The share of persons with finished primary school is stable since 2007, and there is an increase in the share of users with finished secondary school starting from 2008 when its value was the lowest (45.1%). In 2009 it increased to 51.7%, and in 2010 it was kept at 50.7%. The share of users with finished higher level of education or academy is increasing, namely it was the lowest in 2008 (1.2%), it increased to 2.9% in 2009, and in 2010 it is at 7.5% (Table 5.5).

Table 5.5: *Persons, who entered the programme for the first time or again, according to the achieved level of education in the years from 2005 to 2010, Slovenia, 2010*

	2005	2006	2007	2008	2009	2010	Total
Never finished Elementary school	3.5%	3.7%	3.0%	1.9%	1.7%	2.6%	**2.7%**
Elementary school	45.0%	42.2%	37.2%	35.1%	35.7%	34.6%	**38.3%**
Secondary school	47.0%	51.4%	55.6%	45.1%	51.7%	50.7%	**50.2%**
College, academy	1.7%	2.1%	1.7%	1.2%	2.9%	4.5%	**2.3%**
Unknown	1.4%	nda	nda	7.5%	7.8%	7.5%	**6.0%**
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

nda: no data available

Source: National Institute of Public Health, 2011

On the 1st of January 2009, the healthcare of detainees and convicts in Slovenia passed over to public healthcare service. The illicit drug addicts treatment programmes is performed by the medical staff of the CPZOPD. That way, this year for the first time we obtained data from the filled TDI questionnaires from 3 prisons out of 12.

It is evident from the Table 5.6 that generally speaking men are more socially threatened than women. The data is presented regarding the sex of users treated for the first time.

Table 5.6: *Social vulnerability of persons treated for the first time, according to the gender, Slovenia 2010*

Socially vulnerable persons	Male	Female
Unemployed	40.4%	14.8%
Low level of education	26.0%	6.5%
Homelessness	0.7%	0.0%
Lives in an institution	4.3%	0.3%

Source: National Institute of Public Health, 2011

5.5 Conclusion

In 2010, we collected 797 TDI questionnaires from the programmes from 18 CPZOPD, the CZOPD of the Psychiatric Clinic of Ljubljana and from 3 prisons. That way, we registered 797 persons who sought aid in treatment programmes in 2010, either for the first time or once again. There were 227 persons accepted for the first time and 520 persons accepted once again. The Table 5.7 shows the characteristics regarding the type of contact of the persons treated in the treatment programmes in 2010. That year the age of aid seekers raised slightly compared to 2009. A greater share of treated sought aid in 2010 due to the heroine, but the share of daily use of the main drug heroine was lower compared to the year before. At the same time, regarding the heroine use in the past month, the share of treated was higher in 2010 than it was in 2009.

Table 5.7: *Characteristics regarding the type of contact of the persons treated, Slovenia 2010*

	2009		2010	
	Treated for the first time	Treated for the first time or again	Treated for the first time	Treated for the first time or again
Average age at the entrance into the programme (years)	26,9	28,4	27,9	29,9
Seeking help due to the heroine	77.6%	84.9%	80.8%	88.0%
Average age at the first use of the main drug (years)	20,4	19,6	20,2	20,5
Daily use of the main drug (heroine)	68.4%	57.6%	60.2%	55.2%
Has not used the main drug in the past month	9.7%	17.6%	18.7%	23.8%

Source: National Institute of Public Health, 2011

It is evident that the main drug due to which the users sought aid in 2010 and participated in the treatment programmes, either for the first time or once again, was the heroine, namely in

88% of the cases. Compared to the year before, this shows an increase in the share of persons entering the programme due to heroine related problems in 2009 (84.9%). Cocaine was most often stated as the first complementary drug (in 27.5% of the cases, and in 47.7% of the cases the year before), followed by alcohol (18.9%), cannabis (18.3%) and hypnotics and sedatives (5.4%).

Compared to the year before, a lower share of users sought aid due to cocaine, namely 2.5% (and 4.6% of the users in 2009). In 2010, 5.4% of the users sought aid due to cannabis as the first drug. More than one half of the users used the main drug heroine on a daily basis, but, compared to the year before (40.2%), a considerably lower share of users used it intravenously in the past 30 days (29.1%)

A great majority of drug users who entered the treatment programme for the first time or again was unemployed. And this trend increased compared to the year before. The share of employed users is stagnating, but we can note an increase in persons with finished college, higher level of education or academy as well as in persons with unfinished primary school.

The trends of treatment demand in Europe according to the main drug show an increase in the share of aid seekers due to heroin, cocaine or cannabis. Regarding the heroin, the trend of treatment demand in Slovenia does not follow entirely the European trend (there is a decrease in the share of aid seekers since 2008, but, compared to 2009, there is an increase in the share of persons entering the programme due to heroine related problems in 2010). Regarding cocaine and cannabis, we notice some oscillations in Slovenia; above all in 2010 a lower share of users sought help compared to the year before.

6. HEALTH CORRELATES AND CONSEQUENCES

The prevalence of HIV, HCV and HBV infections is monitored by collecting data about voluntary diagnostic HIV, HCV and HBV testing within the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction 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 NIPH collects information on newly diagnosed cases of HIV, HBV and HCV infections, which may include information on the transmission routes. All three diagnoses must to be reported according to the Infectious Diseases Act.

Among saliva specimens of injecting drug users collected for unlinked anonymous testing for HIV surveillance purposes, a single specimen was positive for HIV antibodies in 2010.

The prevalence of antibodies against hepatitis B virus (HBV; anti-HBc) among confidentially-tested injecting drug users treated within the network of Centres for the Prevention and Treatment of Illicit Drug Addiction was 5.3% in 2010, while the prevalence of antibodies against hepatitis C virus (HCV) was 21.5%.

51 patients were treated due to illicit drug poisoning at the medical emergency department in Ljubljana in 2010. The highest number of poisonings was related to heroin and the combination of heroin and other drugs.

In Slovenia, mortality related to illicit drug use has been monitored in accordance with the recommendations of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) since 2003. Data on direct deaths, i.e. deaths caused by the direct effects of illicit drugs on the body, has been monitored. This data, i.e. the underlying cause of death, has been acquired from the General Mortality Register (GMR) at the NIPH. In addition, mortality cohort study is used to monitor data on indirect deaths, i.e. data on deaths caused by indirect effects of illicit drugs on health, where the effect of drugs was the associated cause of death.

25 direct deaths due to illicit drugs were registered in the General Mortality Register in Slovenia in 2010. 21 of the deceased were male and 4 were female, which means a ratio of 5:1 in favour of females. Somewhat less than half of all deaths were caused by heroin poisoning, which is 23 percent less than in 2009, one fifth of deaths were caused by cocaine, while there were no deaths due to cocaine in 2009. The number of deaths caused by methadone and other opioids remained the same.

6.1 Drug-related infectious diseases

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.

Available data on HIV, HBV and HCV infections among injecting drug users in Slovenia for the period from 2006 to 2010 is presented in this chapter.

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 Addiction 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 largest Centre for the Prevention and Treatment of Illicit Drug Addiction in Ljubljana. Recently, four non-governmental 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), SVIT - needle exchange programme in Koper (since 2004) and Zdrava pot – needle exchange programme in Maribor (since 2010). Detailed methods have been published previously (Klavs and Poljak, 2003). Saliva specimens are continuously voluntarily obtained from IDUs entering the treatment at the Centre for prevention and Treatment of Illicit Drug Addiction in Ljubljana and from IDUs involved in three aforementioned needle exchange programmes.

In addition, NIPH 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 all of the 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., 2011; IVZ, 2011).

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 2006 to 2010, HIV prevalence among IDUs confidentially-tested during treatment in the network of Centres for the Prevention and Treatment of Illicit Drug Addiction consistently remained below 1%, except in 2009 when it rose to 1.3%. During the same period, among a total of 922 saliva specimens collected for unlinked anonymous HIV testing for surveillance purposes at three or four different sentinel sites, only one specimen was positive for HIV antibodies, in particular in 2010 (Table 6.1).

Table 6.1: *Proportion of HIV infected among injecting drug users, Slovenia, 2006-2010*

	Year	Number of sentinel sites	Number of tested		Number of HIV infected		% HIV infected	
			Male	Female	Male	Female	Male	Female
IDU	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 %
	2010	4	179	74	1	0	0.6 %	0 %

Source: Unlinked anonymous testing of HIV infection for surveillance purposes, Slovenia, 2006-2010

During last five years, from 2006 to 2010, 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 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 in individuals with a history of IDU were reported.

In European union (EU) the comparison of trends in newly reported infections related to injecting drug use with trends in HIV prevalence among IDUs suggests that the incidence of HIV infection among IDUs is declining in most countries at national level (EMCDDA, 2010).

HBV

The prevalence of antibodies against hepatitis B virus (HBV; anti-HBc) among confidentially-tested IDUs treated within the network of Centres for The Prevention and Treatment of Illicit Drug Addiction was 5.3% in 2010. During the period from 2006 to 2010, the prevalence ranged from the highest 5.6% in 2006 to the lowest 3.6% in 2007.

In EU for 2007–08, four of the nine countries providing data on this virus among injecting drug users report anti-HBc prevalence levels of over 40 % (EMCDDA, 2010).

The reported acute and chronic HBV infection incidence rate in the Slovenian population in the year 2010 was 2.0/100,000 population. During the period from 2006 to 2010, the reported incidence rate ranged from the highest 2.8/100,000 population in 2006 to the lowest 2.0/100,000 population in 2007 and 2010. 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 Centres for the Prevention and Treatment of Illicit Drug Addiction was 21.5% in 2010. During the period from 2006 to 2010, the prevalence ranged from the highest 23.4% in 2009 to the lowest 21.5% in 2010.

In EU the HCV antibody levels among national samples of injecting drug users in 2007–08 vary from about 12% to 85%, with eight out of the 12 countries reporting levels in excess of 40%. Three countries, including Slovenia, report a prevalence of under 25% in national samples of injecting drug users, although infection rates at this level still constitute a significant public health problem (EMCDDA, 2010).

The reported acute and chronic HCV infection incidence rate in the Slovenian population in the year 2010 was 4.2/100,000 population. During the period from 2006 to 2010, the reported incidence rate ranged from the highest 6.3/100,000 population in 2006 to the lowest 4.1/100,000 population in 2008. Due to underreporting, HCV reported incidence rates greatly underestimate the burden of this infection.

The strengths of prevalence monitoring of HIV, HCV and HBV infection among IDUs in treatment in Centres 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 does 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, almost all 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.

6.2 Other drug-related health correlates and consequences

Emergencies related to drug poisoning

This chapter deals with patients treated in the medical emergency department at the University Medical Centre in Ljubljana (emergency medical help) due to illicit-drug poisoning in 2010.

Medical emergency department at the University Medical Centre in Ljubljana serves a population of Central Slovenia of around 600,000 people. 21,700 patients were treated in the medical emergency department in Ljubljana in 2010. The number of patients who were examined and treated due to illicit drug poisoning is presented in the following paragraphs.

Victims of illicit drug poisoning who need at least a few hours of treatment and/or admission to the hospital are referred to the medical emergency department. The patients are mostly referred to the medical emergency department due to disturbances of consciousness, respiratory failure, decreased blood pressure, cardiac dysrhythmia, chest pain, epileptic seizures, aggression, etc.

Two methods are used to check the incidence of illicit drug poisonings at the medical emergency department at the University Medical Centre in Ljubljana. The number of illicit drug poisonings is first checked by using a computerised database of the hospital where diagnoses are classified according to ICD-10. Unfortunately, patients treated in the outpatient departments are only classified according to the main or basic diagnosis, while other diagnoses are registered only descriptively. In addition, classification of illicit drug poisonings according to ICD-10 is very complicated and incomplete. For example, amphetamines are classified within a large and complex group of »psychostimulants with abuse potential«. The classification of newer drugs, for example GHB, is practically impossible. Further analysis of the incidence of illicit drug poisonings is conducted by reviewing the book of examined patients which contains all recorded diagnoses of referrals and dismissals (one or more).

With the help of a computerised system and the codes of main diagnoses registered according to the ICD-10 classification and also by examining the unclassified diagnoses of all referrals and dismissals of patients, which were manually registered in the book of examined patients, it was established that 51 patients were treated due to illicit drug poisoning in the medical emergency department in Ljubljana (Table 6.2). With the analysis of all descriptive diagnoses, it was also possible to discover combined drug poisonings and drug poisonings, which cannot be classified according to the ICD-10 classification.

Table 6.2: *Number of persons treated due to illicit drug poisoning in the emergency medical department at the University Medical Centre in Ljubljana in 2010.*

Illicit drugs and their combinations	Number of persons
Heroin	24
Heroin + ethanol	2
Heroin + methadone	1
Heroin + amphetamine	1
Heroin + cocaine	6
Heroin + cocaine + ethanol	1
Cocaine	5
Mephedrone + ecstasy	1
Mephedrone + ethanol	1
2-CI	1
GHB	1
GHB + amphetamine	1
Cannabis	6

Source: University Medical Centre Ljubljana

The number of illicit drugs used by the poisoned persons is presented in the Table 6.3. As expected, the number of drugs used is higher than the number of poisonings (Table 6.2), because 13 patients (25%) were poisoned with the combination of multiple drugs.

Table 6.3*: Number of illicit drugs used by the poisoned persons in 2010.*

Illicit drugs	Number of drugs
Heroin	35
Cocaine	12
Cannabis	6
Mephedrone	2
Amphetamines	2
GHB	2
Ecstasy	1
2-CI	1

Source: University Medical Centre Ljubljana

It should also be noted that 127 patients were treated at the emergency medical department in Ljubljana in 2010 due to acute ethanol poisoning.

29.5 years was the mean age of persons with illicit drug-poisoning; the majority of cases were male (79%). 83% of the patients treated for heroin poisoning were males whose mean age was 31.5 years. It is an interesting fact that among the poisoned persons who took heroin together with cocaine, the number of males (43%) and females (57%) is approximately the same; the mean age of males was 33 years while the mean age of females was only 26 years. Only males (100% with the mean age of 33 years) were treated due to cocaine poisoning. The mean age of the three patients treated due to ecstasy, mephedrone and 2-CI poisoning was only 20.6 years. Persons examined due to cannabis poisoning were males with the mean age of 26 years.

Illicit drug poisonings accounted for at least 0.24% of all patients admitted to emergency medical department in 2010, although the actual number was probably higher, because the diagnoses of poisoning are frequently not classified correctly according to ICD-10 and they are often not correctly or completely manually copied into the book of examined patients.

The actual number of drug poisonings could be established only by examining the entire medical documentation of all patients treated in the outpatient departments, and the medical documentation of patients admitted to the hospital, because the actual cause of poisoning is sometimes established later during hospital treatment. Unfortunately, it is practically impossible to conduct such an extensive examination of all patients who were treated in the emergency medical department. For this purpose, the Slovenian Register of Intoxications was established in 2001, which is based on the Rules on reporting, collecting and arranging of data on poisonings in Slovenia. According to the rules, all natural and legal persons carrying out a medical activity are obliged to report the data on poisonings, including

poisonings related to illicit drugs, to the Poison Control Centre at the Ljubljana University Medical Centre on the 'Report of Poisoning' form, published in the Official Gazette of the Republic of Slovenia. The form includes information about the patient (sex, age, education, bad habits, diseases, etc.) and the poisoning (name and amount of medicine/poison/drug, place and circumstances of poisoning, clinical picture and the treatment of poisoning, etc.) Unfortunately, Slovenian doctors often do not perform their duty, despite multiple incentives and warnings.

It can be concluded that emergency examinations of patients poisoned with illicit drugs amount to at least 0.24% of all examined patients at the emergency medical department in Ljubljana and that the estimated number of illicit drug poisonings depends on the method of collecting the data on patients.

Co-morbidity

On the basis of data from the National Institute of Public Health, 3,015 hospitalizations due to mental and behavioural disorders related to the use of psychoactive substances were registered in 2009, 3,058 of such hospitalisations were recorded in 2008, and 3,042 hospitalizations were recorded in 2007 (Table 6.4). In all three years, the causes for majority of hospitalizations were mental and behavioural disturbances related to alcohol use, followed by hospitalizations due to the simultaneous use of multiple drugs, hospitalizations due to the use of sedatives and hypnotics, hospitalizations due to the use of opioids and cannabinoids. In the period between 2007 and 2009, there was an increase in hospitalizations due to mental and behavioural disturbances related to the use of sedatives and hypnotics as well as cannabinoids.

Table 6.4*: Number of hospitalizations due to mental and behavioural disorders caused by the use of psychoactive substances, 2007-2009*

	2009	2008	2007
Mental and behavioural disorders due to use of alcohol	2,435	2,544	2,540
Mental and behavioural disorders due to use of opioids	53	65	62
Mental and behavioural disorders due to use of cannabinoids	25	19	11
Mental and behavioural disorders due to use of sedatives and hypnotics	121	108	87
Mental and behavioural disorders due to use of cocaine	4	6	4
Mental and behavioural disorders due to use of other stimulants, including caffeine	2	3	5
Mental and behavioural disorders due to use of hallucinogens	3	nda	2
Mental and behavioural disorders due to use of volatile solvents	2	4	2
Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances	370	309	329
Total	**3,015**	**3,058**	**3,042**

nda: no data available

Source: The collection of hospital treatments (hospitalizations) due to diseases, National Institute of Public Health

6.3 Drug-related mortality

Similarly to other types of addiction, mortality related to illicit drugs (hereinafter referred to as drugs) is a matter of public health as it concerns young people at the beginning of their life span who have not yet or have only just started to live. In theory, it would be possible to completely prevent the problem or at least reduce it by taking preventive measures.

Death and the causes of death are only the final outcome of external and internal factors leading to the end of life at a certain age. In order to prevent drug-related deaths, it is therefore necessary to be acquainted with many factors involved in the process of illicit drug use and the consequential health problems. The causes of death can be used retrospectively to determine the disease risk factors or health problems which were responsible for death. For the prevention of drug related deaths, the number of deaths related to drug use in a certain population needs to be determined as well as the basic epidemiological characteristics together with time trends of the phenomenon.

The analysis will present the number of deaths in Slovenia in 2010 due to direct effects of drugs in the body, the trend in direct drug-related mortality in the period from 2004 to 2010 and data collected in the cohort study of mortality of persons in treatment for drug use in the period from 2004 to 2009.

Since 2003, mortality related to illicit drug use in Slovenia has been monitored in accordance with the recommendations of the EMCDDA.

Data included in the monitoring consist of:

- data on direct deaths, i.e. deaths caused by the direct effects of illicit drugs in the body. The data, i.e. the underlying causes of death, were acquired from the General Mortality Register (GMR) of the National Institute of Public Health.
- data on indirect deaths, i.e. data on deaths caused by indirect effects of illicit drugs on health, where the effect of drugs was the associated cause of death. The mortality cohort study was used to collect the data.

The analysis of direct deaths includes demographic and other data registered on the medical death certificate incorporating also the underlying cause of death and DEM-2 form. Deaths were analysed according to basic epidemiological indicators and the mortality rates were calculated per 1,000 persons/years of the corresponding population group. The mortality rates of the Slovenian population were calculated according to the number of the deceased and of the population in 2007, the year closer to the middle of the period from 2004 to 2009. To standardize mortality - according to age, the European standard population was used. The difference in mortality of drug users in the cohort study and the general Slovenian male and female population of the same age, and the surplus proportion of mortality in drug users opposed to the general population were also calculated.

The persons included in the cohort were the users of illicit drugs recorded at the drug addiction treating centres (hereinafter referred to as: centres) in the period from 2004 to 2006 in Slovenia. 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 on drug users treated in 2004, 2005 and 2006 with databases on the deceased in the years from 2004 to 2009. The process of combining the data is described more precisely in the section of 'Drug related deaths' in the National Report on the Drug Situation in 2010, in the subsection 'Cohort study'.

Diseases were classified according to ICD-10. The underlying causes of death were coded according to codes demanded by the EMCDDA for the period from 2002 to 2009. Only the codes with value 1 in the Filter B variable were chosen.

Direct illicit drug-related deaths in Slovenia in 2010

Number of deceased in different groups of drug users

According to the General Mortality Register, there were 25 direct illicit drug-related deaths in Slovenia in 2010. 21 of the deceased were male and 4 female, which means a ratio of 5:1 in favour of females (Table 6.5).

Table 6.5: *Number of direct drug-related deaths by age group and gender*

Gender/Age group	Gender		Total
	Male	Female	
20–24	1	0	**1**
25–29	6	1	**7**
30–34	7	2	**9**
35–39	3	0	**3**
40–44	1	1	**2**
45–49	2	0	**2**
50–54	1	0	**1**
Total	**21**	**4**	**25**

Source: General Mortality Register 2010, National Institute of Public Health

The number of males who died due to the effects of drugs was higher compared to females in all years of observation. Fifty percent of males and females who died due to drug poisoning were younger than 31.4 years at the time of death. The youngest male was 22.7 years old and the oldest was 52.6 years old at the time of death. The youngest deceased female was 29.2 years old and the oldest was 42.9 years old at the time of death.

Table 6.6: *Type of drug used according to gender*

Gender/Type of drug	Gender		Total
	Male	Female	
T40.1 – Heroin	9	2	**11**
T40.2 – Other opioids	1	0	**1**
T40.3 – Methadone	6	0	**6**
T40.4 – Other synthetic narcotics	0	1	**1**
T40.5 - Cocaine	4	1	**5**
T40.6 – Other and unspecified narcotics	1	0	**1**
Total	**21**	**4**	**25**

Source: General Mortality Register 2010, National Institute of Public Health

Somewhat less than half of the poisonings were caused by heroin, which is 23 percent less than in 2009. The number of deaths caused by methadone and other opioids remained the same in both years. Among all drug poisonings, one fifth of deaths were caused by cocaine. Cocaine was not listed as the cause of death in the previous year (Table 6.6).

Table 6.7: *Number of drug users in relation to external causes and type of drug, Slovenia 2010*

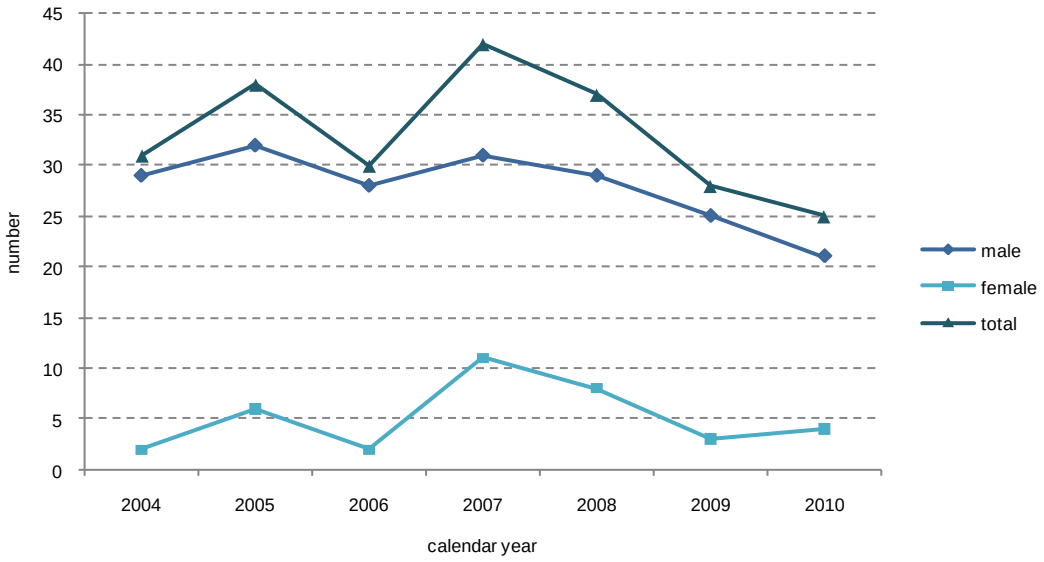
External cause/Type of drug	Accidental poisoning X420-X429		Intentional self-poisoning X620		Poisoning with undetermined intent Y120		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Heroin - T401	8	2	0	0	1	0	**9**	**2**
Other opioids - T402	1	0	0	0	0	0	**1**	**0**
Methadone - T403	6	0	0	0	0	0	**6**	**0**
Other synthetic narcotics - T404	0	0	0	1	0	0	**0**	**1**
Cocaine - T405	4	1	0	0	0	0	**4**	**1**
Other and unspecified narcotics - T406	1	0	0	0	0	0	**1**	**0**
Total	**20**	**3**	**0**	**1**	**1**	**0**	**21**	**4**

Source: General Mortality Register 2010, National Institute of Public Health

All cases of poisonings were accidental, except for two. One suicide was committed by consuming synthetic narcotic (not opium, heroin or other type of opiate or methadone). Heroin was responsible for one poisoning but it was undetermined whether it was an overdose or intentional poisoning (Table 6.7).

In the period from 2004 to 2010, according to the General Mortality Register, 231 persons died due to the direct effects of illicit drugs in Slovenia. This means 7,508 years of potential life lost (YPLL) due to death prior to 65 years of age or 1,703 years lost YPLL in one year.

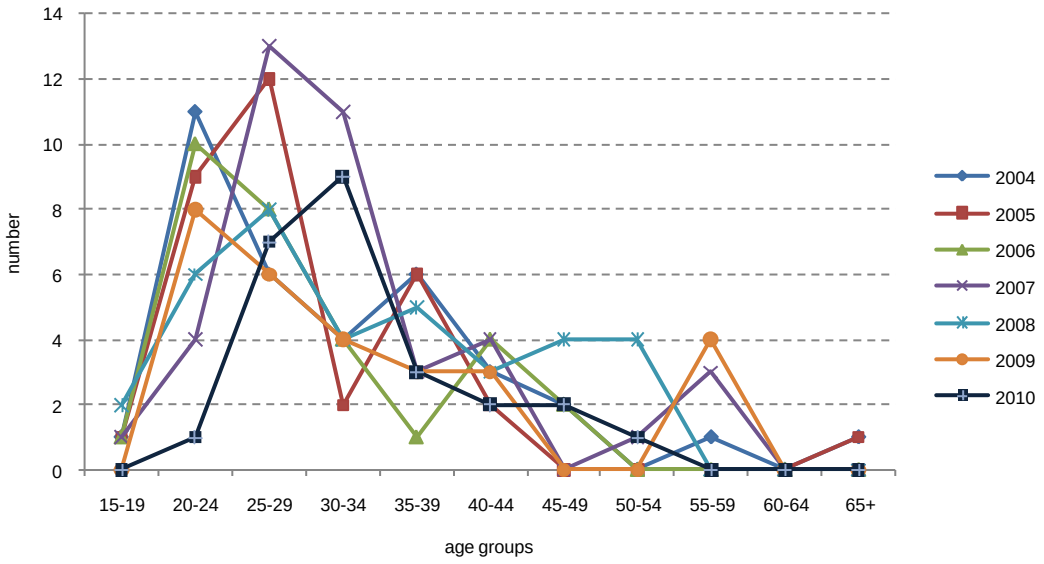
Figure 6.1: *Trend in direct drug-related deaths in Slovenia from 2004 to 2010 by sex.*



Source: General Mortality Register 2010, National Institute of Public Health

In the observed period, the number of drug-related deaths was increasing until 2007, when the trend peaked, and after 2007, the number started to decline. The overall trend is uncharacteristic, as well as the mortality trend in females. The mortality in males was characteristically decreasing in this period ($R^2 = 0.576$) (Figure 6.1).

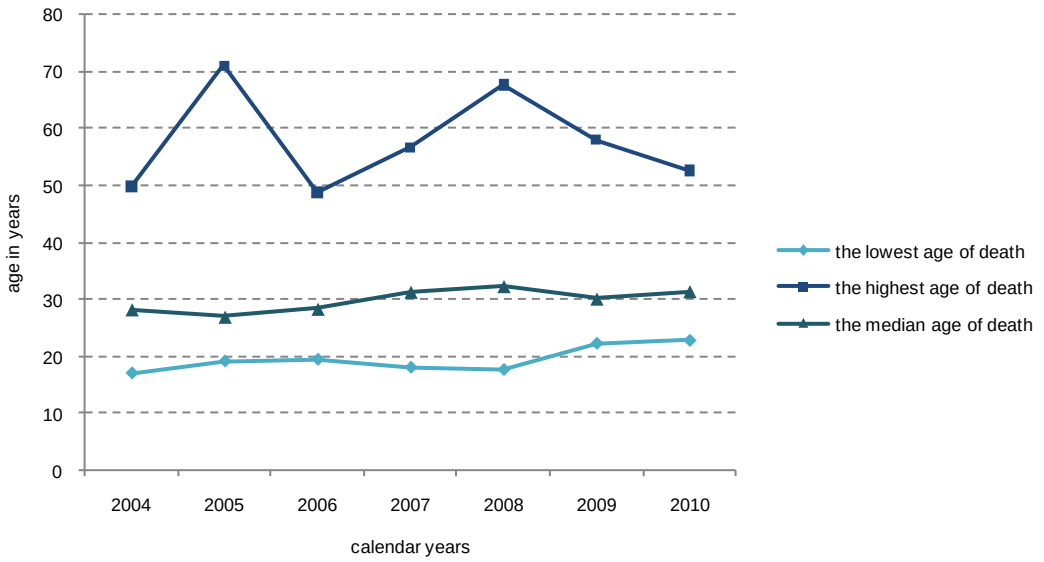
Figure 6.2: *Trend in direct drug-related deaths due to opioids and cocaine (T400–T406), according to 5-year age groups, Slovenia 2004-2010*



Source: General Mortality Register 2010, National Institute of Public Health

The number of deaths due to opioids and cocaine was increasing in the years up to 2007, and after 2007, the number started to decrease. In all of the years observed, the highest number of direct drug-related deaths occurred in persons from 20 to 29 years of age. However, in 2010 the highest number of deaths moved to the age group 30 to 34 years of age (Figure 6.2).

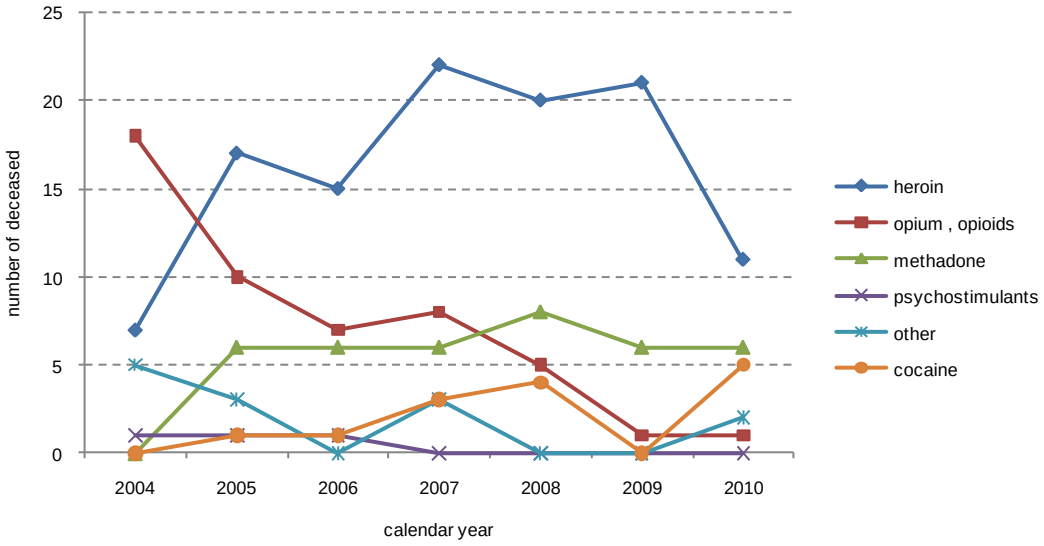
Figure 6.3: *Trend in the highest and the lowest age of death, the median age of death of drug-related deceased persons in Slovenia in the period from 2004 to 2010.*



Source: General Mortality Register 2010, National Institute of Public Health

The highest age of death was between 49 and 71 years, the median was rising slightly between the 27th and 32nd year (R^2 = 0.5862); while the youngest deceased persons were from 17 to 22 years of age (Figure 6.3)

Figure 6.4: *Trend in the number of poisonings according to the type of illicit drug, Slovenia 2004–2010.*

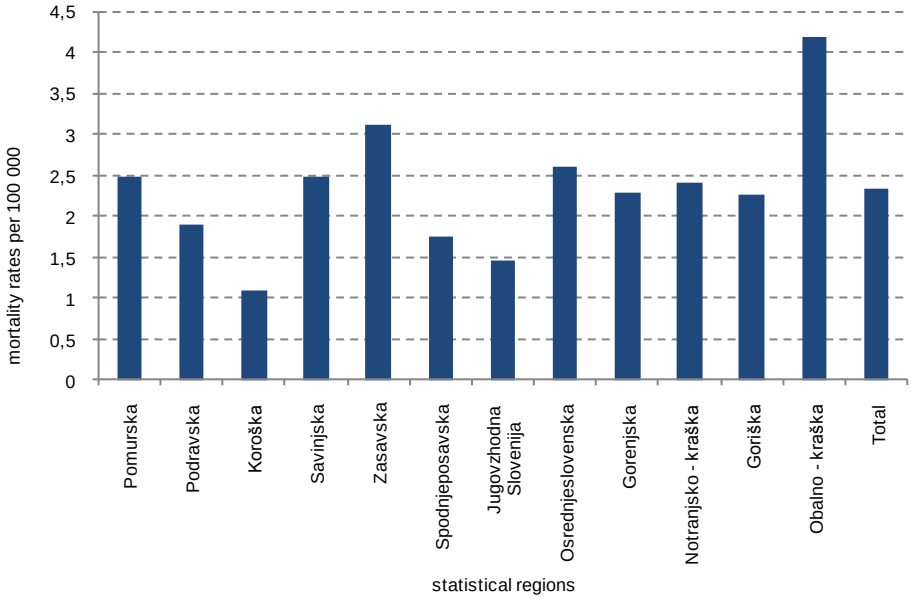


Source: General Mortality Register 2010, National Institute of Public Health

In the observed period, 48.5% of deaths occurred due to heroin poisoning, 20% due to opium and opioids poisoning, 16% due to methadone, 10% due to cocaine and other psychostimulants with abuse potential, and the remaining 5.5% due to other illicit drugs. The number of deaths related to methadone and cocaine was increasing (R2=0.3788; R2=0.3810) (Figure 6.4).

Mortality rates and proportions of some variables in the period from 2004 to 2010, according to regions

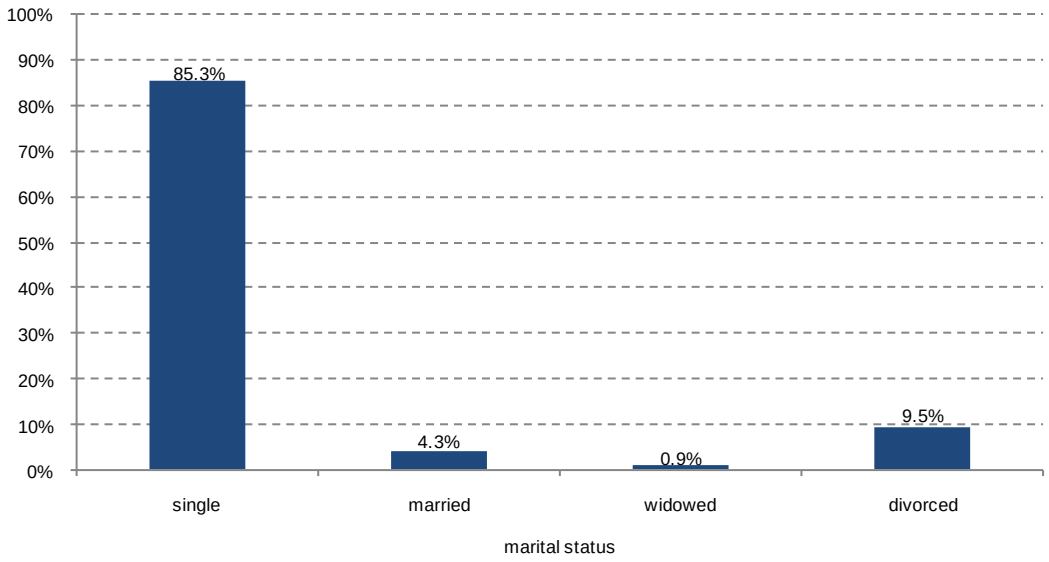
Figure 6.5*: Average annual illicit drugs-related mortality rates in residents from 15 to 64 years of age in Slovenia, in the period from 2004 to 2010, according to regions.*



Source: General Mortality Registers 2004-2010, National Institute of Public Health

The highest mortality rates in relation to the Slovenian average occurred in the Coastal-Karst and the Zasavska regions. The mortality rate in the former was above the Slovenian average by 78% and in the latter by 33%. The lowest mortality was in the regions of Koroška and Southeast Slovenia, the mortality in the former was below the Slovenian average by 54% and in the latter by 38% (Figure 6.5).

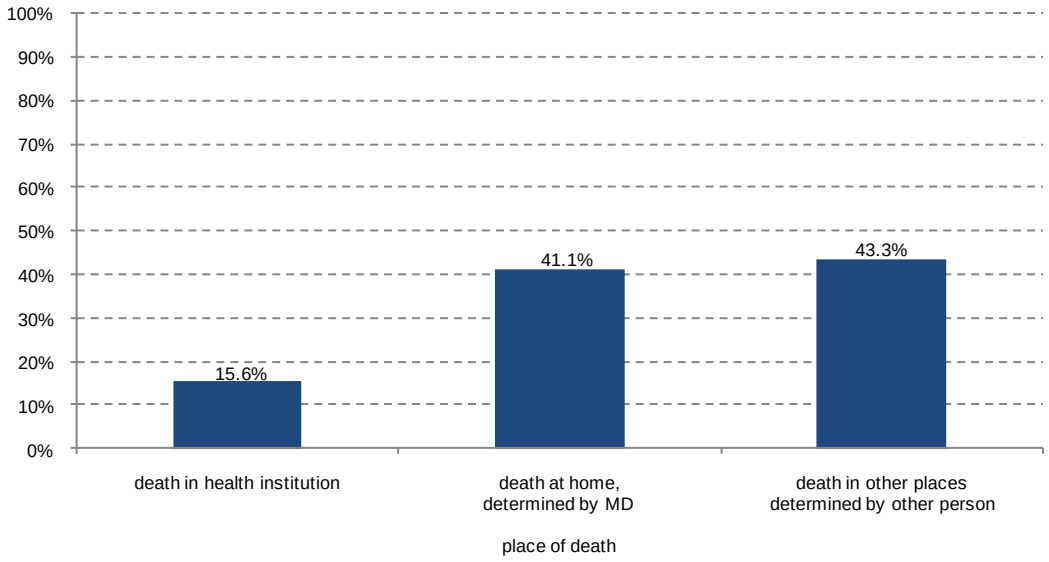
Figure 6.6: *Proportions of the deceased due to drugs according to their marital status, Slovenia 2004–2010*



Source: General Mortality Registers 2004-2010, National Institute of Public Health

The vast majority of persons who died due to drugs were single, one tenth was divorced, and a negligible percentage was married and widowed (Figure 6.6).

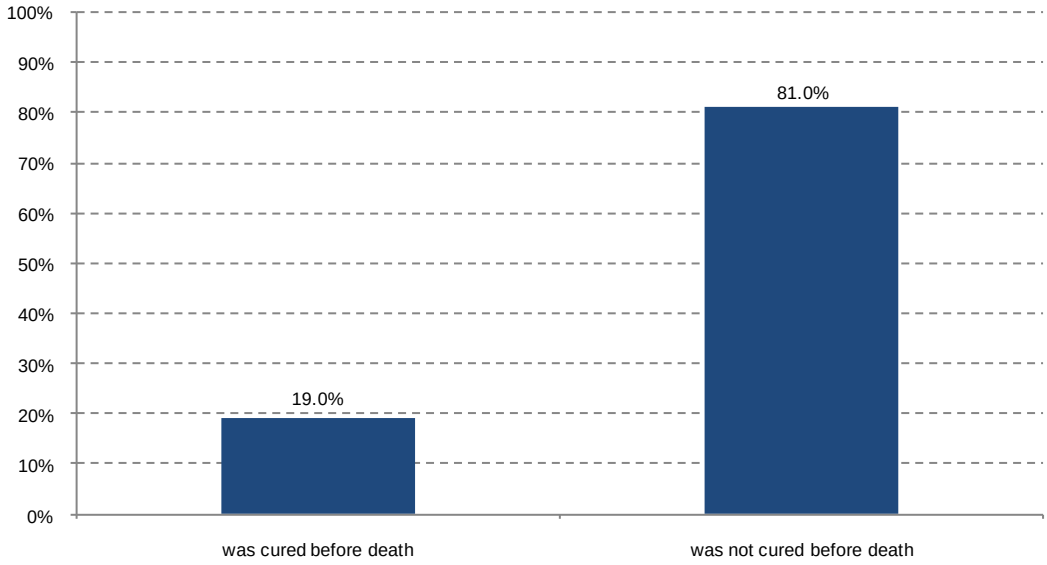
Figure 6.7: *Place of death of the deceased, Slovenia 2004–2010*



Source: General Mortality Registers 2004-2010, National Institute of Public Health

According to the data from the General Mortality Register at the NIPH, somewhat more than two-fifths of illicit drug victims died outside their place of residence and somewhat less than that died at home. However, 15% of victims died in medical institutions. (Figure 6.7).

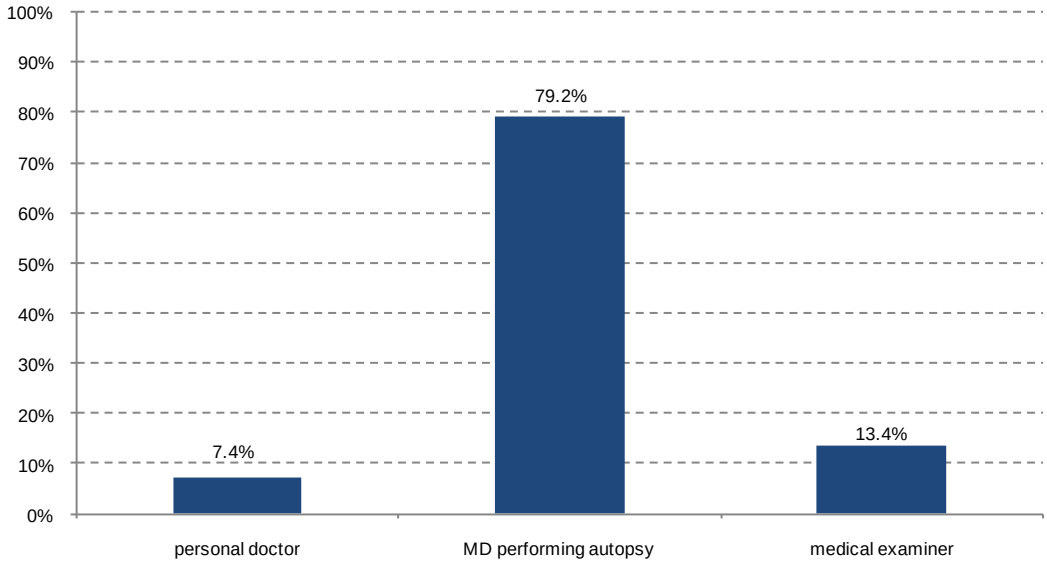
Figure 6.8: *Treatment of the deceased due to drugs, Slovenia 2004–2010*



Source: General Mortality Registers 2004-2010, National Institute of Public Health

The persons who had been treated due to the underlying or direct cause of death were those who died in medical institutions. It is also possible that treatment in the Centres for Prevention and Treatment of Drug Addiction is hidden under this treatment (Figure 6.8).

Figure 6.9: *The type of medical doctor who filled in the data in the medical death certificate and cause of death report, Slovenia 2004–2010*



Source: General Mortality Registers 2004-2010, National Institute of Public Health

The majority of medical death certificates and causes of death reports were filled in by doctors who performed the autopsy on the deceased person and not by the personal doctor or medical examiner - coroner (Figure 6.9).

Conclusions

- The total number of drug-related deaths registered at the General Mortality Registers has been decreasing since 2007; the number of deaths among females has been increasing, while the number of deaths among males has been decreasing.
- Due to the ageing of the population of drug users, the highest number of deaths moved from the third to the fourth age decade. The median age of death is rising in parallel with the ageing of the population.
- The increasing number of deaths due to methadone and cocaine, and simultaneous declining number of deaths due to opium and other opioids could be a consequence of cross classification of opium, opioids and heroin, because the number of deaths due to the latter was increasing in the period when the number of deaths due to the former was decreasing.
- Further procedures are needed to explain the differences in mortality rates between individual regions which differ in 3 deaths per 1,000 inhabitants.
- Databases of the GMR almost exclusively (23/ of 25) present accidental poisonings due to the method of data collection. Databases of the General Mortality Register at the National Institute of Public Health are no longer linked with databases on deceased persons with drugs found in their bodily fluids, at the Institute of Forensic Medicine in Ljubljana or at the pathomorphological hospital departments, or at the General Police Office or with other databases on medical statistics. Thus, it is not possible to capture the data on suicides committed by other means, traffic accidents and other violent deaths, which are committed by or involve drug users. Therefore, an important proportion of mortality in this population is unaccounted for. This is partly compensated by the cohort study, which involves only drug users who were treated, while the data on indirect deaths of untreated drug users is still unavailable. If different databases will no longer be linked in the future, the prevalence of drug users will have to be assessed in order to estimate the number of indirect deaths in people who are not treated. Only by linking these data in GMR and the other existing databases, the number of total deaths from illicit drugs can be estimated.
- The above findings indicate that the number of deaths among drug users is probably higher and that indirect deaths are lost under other codes which are used to describe the underlying causes of death. In order to get a more precise number of deaths among drug users in Slovenia, the re-establishment of a system which links the databases of the Institute of Forensic Medicine and the General Police Office to GMR should be considered.

Cohort study

Mortality

General Mortality Register at the NIPH registers only those deaths of illicit drug users who died due to direct drug poisoning; the records on all other drug users who died due to other

causes, such as violent deaths (suicides, traffic accidents, etc.) or diseases are lost, because the mortality register does not include data which would indicate that the deceased person was a drug user. Therefore, the causes of indirect deaths are acquired from the data collected in the cohort study and at the same time, the mortality rates of cohort members are calculated.

The cohort study included 6,482 records of persons who were treated at Centres for the Prevention and Treatment of illicit Drug Addiction in Slovenia in the period from 2004 to 2006. From these records, 3,944 persons were identified, of whom 142 died in 20,044.31 years of observation, in the period from 2004 to 2009.

Table 6.8: *Number of the deceased drug users included in the cohort and number of all deceased due to drugs, registered at GMR in Slovenia, in the period from 2004 to 2009*

Year	Deceased drug users, included in the cohort (including drug poisonings)	Deceased drug users registered at GMR	Total number of potential deaths
2004	**14 (3)**	30	**41**
2005	**27 (3)**	38	**62**
2006	**28 (0)**	30	**58**
2007	**31 (5)**	42	**68**
2008	**23 (10)**	37	**50**
2009	**19 (8)**	28	**39**
Total	**142 (29)**	205	**318**

Source: General Mortality Registers 2004–2009; Cohort study, deceased 2004-2009; National Institute of Public Health

The lowest number of deaths in the cohort was recorded in the first year of observation; the number peaked in 2007 and was slowly decreasing in the next two years. Also, the number of the deceased persons who were registered at the General Mortality Register was the highest in 2007 and then it started to decrease. The two trends were almost parallel in the period from 2004 to 2009 (Table 6.8). The potential number of drug-related deaths in Slovenia can be estimated by excluding the cohort members who died due to accidental poisonings and by adding the residual records to the General Mortality Register. However, there is no available data on the deceased drug users who were not treated and who died due to other causes.

Table 6.9: *Mortality rates of the illicit drug users aged 15 to 59 years per 1,000 years of observation, included in the cohort, in Slovenia, in the period from 2004 to 2009*

Gender/Age	Males		Females		Total	
	Drugs users	All males	Drug users	All females	All drug users	Total population
Mortality/1,000	**7.85**	3.36	**4.72**	1.36	**7.09**	2.39
Mortality, standardized to the European population	**17.36**	2.80	**41.19**	1.16	**17.62**	2.00
Excessive proportion of mortality in drug users *	**233.6%***		**347.1%***		**296.7%***	

Source: General Mortality Registers 2004-2010, National Institute of Public Health

* Excessive proportion of mortality in drug users compared to mortality in the general Slovenian population of the same age

The mortality of drug users treated at centres for treating drug addiction was over once as high in males and over twice as high in females as the mortality of the Slovenian population of the same age and of the same sex.

Standardized mortality rate among drug users was 8.8-times higher when compared to standardized mortality rate among Slovenian population of the same age (Table 6.9). This high coefficient could be partly a consequence of the low level of deaths and years of follow up in individual age groups of drug users involved in cohort compared to the total years of observation of Slovenian population, and also the fact that the majority of deaths of drug users occurs much earlier compared to the majority of deaths of other population of Slovenia of the same age (median age of death of drug users is 32.7 years, while the median age of death of other Slovenian population of the same age is 51.1 years).

Table 6.10: *Individual personal characteristics of drug users presented according to sixteen centres for the prevention and treatment of illicit drug addiction in Slovenia, in the observed period from 2004 to 2009*

Centre	MR	Period of observation	Age at the time of death	H	C	Violent deaths		
						Poison.	Sui.	Undet.
Ljubljana	**8.5**	5.13	38.0	94.5%	0.7%	1.86	1.67	1.12
Trbovlje	**4.4**	5.13	24.3	98.3%	0.6%	3.31	0	0
Logatec	**2.1**	5.00	26.4	85.3%	10.1%	0	0	0
Kočevje	**4.4**	4.94	34.6	95.0%	0.7%	2.10	0	0
Maribor	**14.8**	5.26	39.8	74.9%	4.8%	2.10	1.40	2.81
Celje	**11.4**	4.82	29.7	97.3%	0%	0.71	4.26	4.26
Velenje	**6.0**	4.90	37.7	84.7%	10.3%	0	1.20	0
Kranj	**9.5**	5.23	27.5	96.7%	1.0%	3.79	3.79	0
Nova Gorica	**6.1**	5.00	30.7	88.1%	10.2%	0.51	1.01	2.53
Ilirska Bistrica	**4.6**	5.26	22.6	90.4%	1.2%	0	2.29	2.29
Sežana	**6.8**	4.95	25.4	84.9%	3.5%	3.40	1.70	0
Piran	**6.4**	5.09	38.6	69.1%	1.0%	1.60	1.60	1.60
Izola	**2.8**	5.05	44.1	87.0%	4.6%	0	1.90	0
Novo mesto	**3.5**	4.83	30.9	90.5%	8.6%	0	1.75	0
Brežice	**3.8**	4.97	37.1	62.6%	34.2%	0	1.27	1.27
Murska Sobota	**6.2**	5.66	29.7	52.6%	46.7%	0	0.77	2.32
Total	**7.09**	**20,044.3**	**34.6**	**85.2%**	**4.2%**	**20.4**	**19.7**	**21.1**

MR=mortality rate, Lev = level, Age of death = average age of death, H = heroin, C = cannabis
Poison. = poisonings, Sui. = suicides, Undet.= undetermined intent
Source: General Mortality Rates 2004-2010, National Institute of Public Health

In individual centres, mortality rates ranged from the lowest 2.1 in Logatec to the highest 14.8 in Maribor. These mortality rates are positively linked to the mortality rates due to suicides (R2=0.4894) and unspecified deaths for which it was unclear whether they represented intentional or accidental poisonings (R2=0.6866). In the centre in Maribor, where the mortality rates were the highest, the mean age at death was almost 40 years, which is 7.6

years more compared to the mean age of all deaths, Three quarters of all persons used heroin on entering the treatment. The mortality rates in the centre were relatively high due to accidental poisonings and unspecified deaths. The centre in Celje has the second highest mortality rate and the mean age of death is 2.5 years lower compared to the cohort average; practically all of the deceased used heroin on entering the treatment. Among all centres, the levels of suicides and deaths with undetermined intention were the highest in this centre. Members of the cohort, treated in the centre in Kranj, who died in the observed period, were on average 5 years younger at the time of death in comparison to the mean age of death of all cohort members. These deaths were also the cause for a high rate of accidental poisonings and suicides in this centre (Table 6.10).

Demographic data on the deceased and living members of the cohort

Table 6.11: *The median ages of death of the deceased and the living members (on the 31st of December in 2009) included in the cohort, according to six characteristics observed*

Characteristics	Number of deaths	Deceased		Living		P
		Median age	SD	Median age	SD	
Men	119	**34.4**	(9.4)	32.2	(6.6)	0.001
Women	23	**36.0**	(11.0)	30.9	(6.0)	0.001
First treatment	10	**33.9**	(11.5)	28.5	(5.6)	0.004
Long-term treatment	132	**34.7**	(9.6)	32.3	(6.5)	0.001
Heroin – main drug on entering	121	**34.7**	(9.5)	32.2	(6.1)	0.001
Centres						
Ljubljana	38	**39.3**	(9.3)	34.4	(6.4)	0.001
Maribor	15	**40.8**	(9.7)	34.3	(6.7)	0.001
Velenje	z	**40.1**	(10.0)	32.3	(5.9)	0.030
Kranj	z	27.5	(4.7)	**34.5**	(6.1)	0.012
Ilirska Bistrica	z	22.6	(4.9)	**30.5**	(4.5)	0.016
Izola	z	**44.1**	(4.1)	34.7	(6.8)	0.020
Age of entering the cohort	142	**32.1**	(9.4)	26.7	(6.4)	0.001
Total time of observation	142	2.5	(1.6)	**5.2**	(0.9)	0.001

z: confidential

Source: General Mortality Registers 2004-2010, National Institute of Public Health

At the end of the observed period, the median age of deceased cohort members was higher than the median age of the survivors, in males as well as females. The median age of death was also higher in members undergoing their first treatment compared to members in the long-term treatment and also in those who entered the treatment due to heroin use. The comparison between centres showed that the personal characteristics of the clients were in majority the same, even if we divided them according to treatment centres. The total mean time of observation was 2.7 shorter with the deceased members compared to the survivors (Table 6.11).

Table 6.12: *Number of the deceased and number of all clients in the individual group, proportion of the deceased and the probability of mistake in evaluating the difference between the deceased and the survivors*

Groups of variables	Number of deaths	Total number	Proportion of the deceased	Probability of mistake (P)
Men	119	**2,999**	4.0%	0.027
Women	23	**945**	2.4%	
New clients	10	**412**	2.4%	0.177
Old clients	132	**3,532**	3.7%	
Heroin, methadone, other opioids	124	**3,418**	3.6%	0.814
Other drugs	18	**526**	3.4%	

Source: General Mortality Registers 2004-2010, National Institute of Public Health

The proportion of deceased males among all males observed was higher than the proportion of deceased females. The proportion of deceased old clients was higher compared to new clients, and the proportion of clients who used heroin, methadone or other opioids on entering the treatment was also higher than the proportion of persons who used other drugs (Table 6.12).

Causes of death

Table 6.13: *Proportions of deaths and mortality rates in the cohort of illicit drug users from 15 to 59 years of age, as compared to the proportions of deaths in the Slovenian population, and difference in mortality rates of both groups, by causes of death*

Causes of death	Number of deceased drug users	Proportions of deceased users of drugs 2004-2009	Proportions of deceased in the Slovenian population 2007	Mortality in users of drugs 2004-2009	Mortality in Slovenian population 2007	Difference in mortality rates
Infectious and parasitic diseases	6	4.2%	0.7%	**0.299**	0.016	0.283
Neoplasms	3	2.1%	35.2%	0.150	0.841	-0.691
Mental disorders	7	4.9%	1.05%	**0.349**	0.025	0.324
Diseases of the circulatory system	9	6.3%	17.6%	**0.445**	0.419	0.026
Diseases of the respiratory system	2	1.4%	1.8%	**0.100**	0.043	0.057
Diseases of the digestive system	10	7.0%	11.8%	**0.499**	0.281	0.218
Congenital abnormalities	1	0.7%	0.4%	**0.050**	0.011	0.039
Undetermined death causes	1	0.7%	3.0%	0.050	0.072	-0.022
External causes	103	77.6%	24.6%	**5.139**	0.588	4.551
Total	142	100.0%	95.1%	**7.084**	2.386	4.698

Source: General Mortality Registers 2004-2010, National Institute of Public Health

In the period from 2004 to 2009 violent deaths accounted for more than three quarters of all deceased members in the cohort. Mortality of all causes of death in the Table 6.13, except for neoplasms and undetermined causes of deaths were higher in the population of the treated drug users than in the Slovenian population of the same age.

Among violent deaths the most frequent causes were accidental poisonings and deaths 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. All mortality rates, except for falls and deaths caused by inanimate mechanical forces were higher in the population of treated drug addicts than in the Slovenian population of the same age.

Infectious diseases (A00.0 - B99.9)

Infectious diseases were the causes of death in six clients, four males and two females aged from 29 to 44 years, all had been treated at centres for treating drug addiction before entering the cohort. At the time of entry, their mean age was somewhat less than 35 years of age. In five cases, heroin was the main drug upon entering the cohort and in one case the main drug was cocaine. All of them died in the first two winter months of the year. In four cases the cause of death was chronic viral hepatitis C (B182) and in two cases the disease which is caused by the virus HIV infection (B240).

Malignant neoplasms (C00.0-C99.9)

Cancer was the cause of death of two males and one female, aged from 25 to 58 years. One of them had been treated at the centre for treating drug addiction before entering the study; there were no available data for the other two. In two cases, the cause of death was lung cancer (49 and 58 years of age) and in one case (25 years of age) the cause of death was cancer of the connective soft tissues.

Diseases of the circulatory system (I00.0 – I99.9)

Diseases of the circulatory system were the cause of death in eight males and one female, aged from 23.7 to 53.3 years. All of them, except one, were old clients and heroin was their most important drug on entering the study. Four clients aged from 27 to 40 years died due to acute myocardial infarction, the oldest and the youngest client died due to endocarditis, one client due to heart failure of undetermined origin and two clients due to cerebral haemorrhage.

Diseases of the digestive system (K00.0 – K99.9)

In all ten cases, eight of them were males and two females, aged from 32.9 to 54.9 years, the cause of death was alcohol-induced liver cirrhosis. Eight of ten persons died during long-term treatment in the centres. In eight cases, the most important drug on entering the cohort was heroin, in one case it was opioids and in one case the most important drug on entering was not specified. The observed period of each individual who died due to liver cirrhosis was from 1.3 to 6.0 years.

Violent deaths (V01.0 – Y98.9, F11.2 and F19.2)

Table 6.14: *Mortality rates due to violent deaths of the cohort members compared to violent deaths in the Slovenian population, aged between 15 to 59 years*

Causes of death	No. of deceased drug users	Mortality rates of drug users	Mortality rates in Slovenian population	Difference
Transport accidents	12	**0.599**	0.184	0.415
Falls	z	0.050	0.053	-0.003
Inanimate mechanical forces	0	0.000	0.013	-0.013
Drowning	z	0.050	0.011	0.039
Other accidents	z	**0.100**	0.035	0.065
Accidental poisonings	30	**1.497**	0.021	1.476
Suicides	28	**1.397**	0.203	1.194
Attack	z	**0.150**	0.012	0.138
Undetermined intent	30	**1.497**	0.045	1.452
Complications in medical treatment	z	0.050	0.008	0.042
Late consequences	z	0.050	0.002	0.048
Total	109	5.438	0.588	4.85

z: confidential

Source: General Mortality Registers 2004-2010, National Institute of Public Health

The most frequent causes of violent deaths were accidental poisonings and poisonings with an undetermined intention. They were closely followed by suicides and by relatively smaller number of transport accidents. The mortality rates of these violent causes of death were higher among drug users in comparison to the rest of the population. The mortality rates of violent deaths due to other accidents and attacks were also higher among drug users, although the absolute numbers were low in both cases (Table 6.14).

Transport accidents

11 males and one female aged from 20.9 to 43.1 years died due to transport accidents. In ten cases, the main drug on entering the programme was heroin, in one case, it was cannabis and in one case, there was no available data. Among the persons who were deadly injured, there were two pedestrians who died due to head injuries, four motorcyclists, three car drivers, two car passengers and two persons with undetermined role in the traffic accident. All of them died due to head injuries or serious multiple bodily injuries. The data was available for nine of the patients who were treated and were old clients at the centres. The person who used cannabis as a main drug was male, an old client in treatment, aged 20.9 years, who died in half a year after entering the study. The only female who died due to a transport accident was a car passenger, 20 years old.

Accidental poisonings

23 males and seven females, aged from 18.0 to 58.0 years, died due to accidental poisoning. The youngest female and male were aged 18.0 and 20.9 years respectively, and the oldest 39.9 and 58 years respectively. Among persons who died due to accidental poisonings, there were 7 new clients, while the rest of them re-entered the treatment or were involved in long-term treatment. Heroin was the main drug on entering the study in 26 cases. Methadone, cocaine, benzodiazepines and cannabis were the main drug in one case each. Among heroin addicts, the causes of accidental poisoning were heroin in ten cases, other opioids in seven cases, methadone in six cases, and benzodiazepines and alcohol in one case each. Among methadone, benzodiazepines and cannabis addicts, the cause of death was heroin poisoning, while the cause of death of one cocaine addict was methadone poisoning.

Suicides

Among 3,944 persons observed in the period from 2004 to 2009, 24 males and four females, aged from 22.1 to 50.7 years, committed suicide. Three of them entered the treatment for the first time in the period from 2004 to 2006, while the others were treated for a long-term. Heroin was the main drug on entering the treatment in 23 cases, benzodiazepines and cannabis in two cases each and in one case, the main drug was not recorded.

Among four illicit drug poisonings, heroin was responsible for two suicides, other opioids and methadone for one suicide each. Carbon monoxide was responsible for seven self inflicted poisonings; there were eight suicides by hanging, four suicides by jumping from a high place, two suicides by sharp objects, and single cases of suicide by firearms, by jumping under a train and one suicide by unrecorded means.

Deaths with undetermined intention

In the observed period, 30 of such deaths occurred; 27 males and three females died, aged from 19.9 to 48.7 years. In 27 cases, the main drug on entering the treatment was heroin, in one case, it was cannabis, and in two cases, the main drug was unknown.

19 deaths were caused by heroin; four deaths were caused by unspecified narcotics, two by methadone, one by unspecified substance and one by alcohol. Beside these, two of deceased persons were opioids addicts, for whom the direct cause of death was not described, and in one case the cause of death was fall from height; the type of fall was unknown, it was also undetermined whether it was the result of an accident, homicide or suicide.

Conclusions

- The lowest number of deceased persons included in the cohort was recorded in the first year of the observation period, it reached its peak in 2007 and it has been decreasing in the next two years.
- The mortality of drug users treated at centres for treating drug addiction was over once as high in males and over twice as high in females as the mortality of the Slovenian population of the same age and of the same sex.

- At the end of observed period, the median age of the deceased males and females who were undergoing first or long-term treatment was higher than the median age of survivors.
- The highest number of deaths among drug users was recorded in the age group from 20 to 29 years.
- The highest mortality rates in relation to the Slovenian average were in the Coastal-Karst and the Zasavska regions. The majority of the deceased was single, they died outside their place of residence and were treated due to various causes prior to death, which resulted in death only if they died in medical institutions.
- Violent deaths represent four fifths of all deaths among drug users in the treatment. The proportion of violent deaths with undetermined intention (accidental or intentional), accidental poisonings and homicides is also higher than in the rest of the population.
- The causes of death in persons treated at centres for treating of drug addiction are characteristically different from the causes of death in other drug users. Mortality rates due to all causes of death, except from cancer and undetermined causes, were higher in clients included in the cohort compared to mortality rates in Slovenian population of the same age. Among violent deaths, serious body injuries as a consequence of transport accidents and suicides prevailed.

Conclusions

- Mortality related to illicit drug use in Slovenia has been monitored since 2003, with the adoption of methodology of data collection for mortality related to illicit drug use, administered by EMCDDA. The methodology also enabled the monitoring of time trends.
- General Mortality Register contains only data on the underlying cause of death for poisonings these are only records on direct deaths. Therefore, data analyses from other sources (cohort study) are also necessary.
- Indirect causes of death in the total population of drug users had been already monitored by the linkage of different data bases in Slovenia from 2003 to 2007. The method was abolished with administrative decree in 2008 due to personal data protection.
- By monitoring the mortality of treated drug users in the cohort, it was possible to determine the indirect causes of death of the population in treatment. However, the causes of death, as well as the number of deaths and the age of death of drug users who are not treated, remain unknown.
- Trends in illicit drug poisonings have been in decline since 2007, although methadone and cocaine poisonings increased in the period from 2004 to 2010.
- The highest number of deaths has moved from the age group of persons from 25 to 29 years of age to the age group of persons from 30 to 34 years of age.
- Due to the fact that the majority of drug users whose death was directly related to drugs is single and somewhat less than half of them died outside of their place of residence, death prevention measures will have to be directed to activities in the field and to those persons who could potentially die outside their place of residence, when they are alone.
- Four fifths of medical death certificates and death reports on causes due to drugs are filled in by medical examiners - coroners. In cooperation with them, it would be possible

to discover the majority of those deaths which are related to drug use, but occurred due to other causes, not due to direct poisoning (suicides, traffic accidents, etc.).

The most important outcomes and conclusions of the cohort data analysis are:

- the calculations of mortality rates of drug users compared to the rest of the Slovenian population of the same age.
- the mortality of clients in individual centres for treating drug addiction varies as well as the median age of death of persons treated in individual centres.
- the mortality in the centres correlates to mortality of undetermined intention for which it was not determined if it was the result of a suicide or an accident.
- Among the causes of death, violent causes of death in particular stand out from the rest; among diseases responsible for death, the diseases of the circulatory system with myocardial infarction, infectious diseases and liver cirrhosis stand out from the rest. These diseases are among the drug users present in younger age groups compared to the rest of the population.

The recommendations can be made to doctors at the centres for treating drug addiction:

- they need to pay special attention to warning signs of suicide in the clients, due to the significant connection of suicides and mortality rates in individual centres,
- that particular diseases occur sooner among their clients compared to the rest of the population.

Public health care workers need to be warned that alcoholism is a special problem among drug users, which is responsible for a high number of alcohol-induced liver cirrhoses. They also need to devote more attention to determining the external cause of death in order to classify poisonings in the General Mortality Registry according to intentional and accidental poisonings, so that the actual number of suicides and accidental poisonings among drug users in treatment can be evaluated more precisely.

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

The prevention of drug-related emergencies and deaths, and the prevention of infectious diseases are implemented within the framework of public health network – at the centres for prevention and treatment of addiction from illicit drugs – and within the framework of non-governmental organisations i.e. at the low-threshold programmes for the reduction of drug related harm. In addition, as part of the Ministry of Health, the interministerial working group for the early-warning system on new psychoactive substances in Slovenia, which regularly informs the expert public and drug users on the occurrence of dangerous and new psychoactive substances was formed. A 24-hour toxicological information consulting service which offers support to all Slovenian doctors on the treatment of patients intoxicated with illicit drugs is operating at the University Medical Centre Ljubljana within the Department of Toxicology.

At the programmes for prevention and treatment of addiction from illicit drugs, all drug users, who are involved in such programmes, receive basic knowledge on the danger of drugs and on the methods for the prevention of drug overdose and drug-related death. Drug users can be vaccinated against hepatitis B and tested for HIV and hepatitis C free of charge. In case of a positive test result, each drug user is guaranteed with a free treatment for HIV and hepatitis C.

Free distribution of sterile material to intravenous drug users and counselling take place within the low-threshold programmes. Syringe exchange programmes take place in daycare centres and within the field work, which is implemented by the workers of non-governmental organisations at locations where the users most often dwell. The so-called mobile syringe exchange is implemented in adjusted vans; in addition to syringe exchange and distribution of other aids for injecting (alcohol wipes, ascorbic acid), field workers and workers in daycare centres also distribute information material on infectious diseases and injecting with less risk. They also offer personal counselling, support and motivation to drug users with positive attitudinal changes. In 2010, 732,592 syringes were distributed in the low-threshold programmes.

7.1 Prevention of drug related emergencies and reduction of drug related deaths

As part of the Ministry of Health, the interministerial working group for the early-warning system on new psychoactive substances in Slovenia has been established, which also includes: the NIPH, the Ministry of Health, the Europol Section at the General Police

Directorate, the Illicit Drug Section at the General Police Directorate, the National Forensic Laboratory at the General Police Directorate, the Institute of Forensic Medicine at the Faculty of Medicine, the Department of Toxicology at the University Medical Centre Ljubljana and the non-governmental organisations DrogArt and Stigma. One of the tasks of the group is to regularly inform the expert public and the drug users on the occurrence of new and dangerous psychoactive substances and their consequences. Informing takes place via e-mailing and in cases of major health risk for drug users also with the help of the mass media. On the regional and local levels, the early-warning system on new psychoactive substances in Slovenia also includes the following recipients of notifications: regional institutes of public health, outpatient clinics, non-governmental organisations in the field of illicit drugs, services in outpatient clinics for emergency medical care and the network of centres for prevention and treatment of addiction from illicit drugs.

The Centres for prevention and treatment of addiction from illicit drugs during their treatment educate illicit drug users on overdosing; education in the programme is provided by doctors and medical staff. The education includes recognition of overdosing (the most frequent signs) and basic steps upon suspected overdose, which are giving first aid and calling the number 112. Education and providing information also include debates on misperceptions of drugs, because misbeliefs may be reasons for overdosing (e.g. overdosing only occurs with drug users who are beginners) and debates on how to prevent overdosing (planning on how to re-act when overdosing, to use only one drug at a time, to never use drugs on their own, to prepare their own drug, caution if they are not familiar with a drug, and that overdosing may occur if they had not been using drugs for a while). The Centres have also issued a special brochure ‘Predoziranje’ (Overdosing) which discusses sudden intoxications with drugs and appropriate measures for first aid administered to the drug-intoxicated people.

At the events of electronic music, trained field workers inform on decreasing risks due to stimulant drug use, distribute isotonic drinks (prevention of dehydration and cerebral oedema with ecstasy users), sniffing papers (decreasing risks for hepatitis and HIV transmission when sharing sniffing equipment) and condoms. They also give first aid to drug users with health complications due to stimulant drug use.

Established over 30 years ago, The Poison Control Centre is part of the University Medical Centre Ljubljana. The Poison Control Centre employs five doctors, who deal with clinical toxicology and pharmacology, and form guidelines for treatment of intoxications, including intoxications with illicit drugs. The Poison Control Centre is a ward with twelve beds where all types of acute and chronic intoxications can be treated; they also provide 24-hour information consulting service in the area of clinical toxicology to doctors and to other experts in Slovenia, e.g. pharmacists, veterinary practitioners, police, etc. The doctors in their work apply and regularly maintain databases on toxic functions of medications, illicit drugs, chemicals, phytopharmaceuticals, poisonous plants, mushrooms and animals. They also manage the Register of intoxication of the Republic of Slovenia. The Poison Control Centre also houses the most important antidotes, which can be accessed by all Slovenian doctors, when they encounter a rare intoxication or when they cannot use other suitable medications.

The 24-hour toxicological information consulting service offers support to all Slovenian doctors on the treatment of patients intoxicated with illicit drugs. They annually receive about 2,000 calls from doctors on various intoxications; about 8% of calls are related to intoxications with illicit drugs. The majority of doctors do not encounter intoxications with illicit drugs on a daily basis, and thus welcome the help on the treatment of such patients, especially when treating intoxications with new synthetic drugs. They usually require advice on the treatment of intoxications e.g. on dosage of the antidotes. They are informed on possible intoxication complications and on how to proceed in such cases. In addition, they are also advised on toxicological analysis of illicit drugs, e.g. what biological samples should be taken, how the samples should be stored and transported and what toxicological researches of illicit drugs are available in Slovenia and where are they carried out.

At the 24-hour toxicological information consulting service, the doctors are also informed on possible intoxications with newer synthetic drugs, with which the doctors are not yet familiar or they have not treated them yet, and therefore, lack the appropriate experience in treatment.

7.2 Prevention and treatment of drug-related infectious diseases

The prevention of infectious diseases takes place in all programmes for the treatment of drug users. Special attention is being paid to regular preventive vaccination of drug users against hepatitis B; the vaccination is free of charge and available to all drug users. Because many intravenous drug users participate in the programmes for the treatment of opioid addiction with substitute medications at the CPZOPD, the drug users have access to HCV testing, counselling and referral to possible further clinical treatment of hepatitis C at hepatitis specialists – infectiologists. All drug users have also free access to HIV testing. Each drug user with confirmed HIV is entitled to free medical treatment. All drug users with positive results from any of the tests are advised that their sex partners, close family members, members of the shared household and co-users of infected injecting equipment also get tested.

In 2007, the 'Slovenian national guidelines for the management of hepatitis C virus infection with intravenous drug users on substitution treatment' were drawn. The guidelines dictate close cooperation between specialists for viral hepatitides and therapists in the programmes for treatment of addition from illicit drugs, with the support of specially trained medical team, former successfully treated drug users, relatives and friends of the treated person. The guidelines particularly stress: informing drug users on risk behaviour, encouraging drug users to get tested for HCV, HBV and HIV, and to get vaccinated against hepatitides B and A.

The campaign for anonymous testing for hepatitis C takes place once a year at the Division of Infectious Diseases and at the mobile outreach units, where the drug users can give blood in the adjusted ambulance on several locations and where the field syringe exchange usually takes place. The drug users do not require arranged health insurance for such testing.

Distribution of sterile material to intravenous drug users, counselling and resolving social crises of drug users has been taking place in Slovenia for a long time. The beginnings of these activities date back in 1990, when non-governmental organisations in Ljubljana, Maribor and Koper began with the activities of distribution of sterile equipment to the intravenous drug users. At that point, these actions were considered illegal, and the volunteers who performed such activities were occasionally prosecuted by the police. Later on, the network of low-threshold programmes developed in Slovenia, which now distributes sterile material to all drug users, and the 'harm reduction' approach became an important part of the activities in the area of managing drug use and decreasing harm in Slovenia.

In Slovenia, sterile material for injecting drugs can be acquired from:

- the network of low-threshold programmes, which ensure sterile material supplied by the Regional Institute of Public Health Koper to all who require it in unlimited quantities,
- the pharmacies which are included in the network and acquire sterile material from the Regional Institute of Public Health Koper, and
- the pharmacies at their own expense.

The network of low-threshold programmes evenly covers the Slovenian territory. However, there are some areas which are not covered properly, e.g. the Koroška region, where a low-threshold programme should be introduced as soon as possible.

The purchase and the distribution of the sterile material for injecting of drugs in Slovenia are implemented by the Regional Institute of Public Health Koper, which supplies all low-threshold programmes in Slovenia with the necessary sterile material. The purchase of the material is financed by the Health Insurance Institute of Slovenia, which is aware that this approach decreases risks of HIV and hepatitis C. The network includes five pharmacies, which are regularly supplied with sterile material by the Regional Institute of Public Health Koper; the material is then distributed among the drug users free of charge. Every year, the Regional Institute of Public Health Koper with a public procurement ensures sufficient quantities of sterile material (insulin syringes, alcohol wipes, medical supplies, disinfectants, condoms, rubber gloves etc.). The Regional Institute of Public Health Koper supplies the material to all low-threshold programmes which perform field work several times per year. The programmes distribute the sterile material at their premises and also with the help of their outreach vehicles and field workers. It is estimated that the low-thresh programmes cover over 80% of Slovenia. Thus, the majority of drug users has access to free sterile material for injecting of drugs which greatly decreases risks of transmission of communicable diseases such as HIV and hepatitides.

The drug users can at their own expense purchase the sterile equipment for drug injecting at all 308 pharmacies in Slovenia. The sterile equipment is also distributed with the outreach vehicles; these are modified vehicles that enable consultations with the drug users in a special, modified part of the vehicle. The advantage of the vehicles is that they can approach the drug users and maintain their anonymous status, and simultaneously, collect larger quantities of used syringes, which could otherwise be disposed anywhere and would thus present hazard to local population. The outreach vehicles mainly distribute sterile material in

towns where daily low-threshold programmes for drug users are not organised. This enables the access to the service also to people who do not have suitable transportation means and are not located near daily low-threshold centres.

All programmes collect used material (syringes, medical supplies etc.) in specially adapted containers. When the containers are full, a specially trained team removes them from the programme's premises and disposes of them accordingly, thus preventing re-use of the material, contact of other persons with the material and transmission of communicable diseases.

The Regional Institute of Public Health Koper distributed 732,592 syringes in the low-threshold programmes in 2010. These syringes were distributed by five pharmacies and by more than ten non-governmental organisations which evenly cover the Slovenian territory. In 2010, 2,030 drug users visited these programmes. As a comparison, this means that two people from one hundred inhabitants between 16 and 50 years of age sought help in these programmes. In 2010, 354 persons entered into the programmes for the first time. There were 17,319 contacts with the drug users who came for help in the low-threshold programmes in Slovenia, which can be paralleled with six visits per 100 inhabitants between 16 and 50 years of age. It is estimated that the drug users purchased about 300,000 syringes at the pharmacies. The research implemented by the Regional Institute of Public Health Koper revealed that despite the fact that the users involved in the low-threshold programmes have free access to sterile material, about 33% of them still buy syringes and other sterile material at the pharmacies. The drug users also bring these syringes to the collecting points of infected material at the low-threshold programmes.

The low-threshold network has good cooperation with social work centres, outpatient clinics and other governmental and non-governmental organisations, and thus represents an important information point for drug users, and also the entry point to aid programmes for many drug users. Good expert cooperation between the low-threshold programmes and other programmes that offer help to drug users has been established. Therefore, the drug users may transfer from the low-threshold programmes to other programmes and vice versa. The low-threshold programmes represent an important entry point to the aid network for the drug users in Slovenia.

8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION

Legal framework for the functioning of the social care system is set up by the Social Security Act (Official Gazette of the Republic of Slovenia, No. 3/2007 and following), and the fundamental basis for the treatment of social distress and difficulties of users is set up by the national programme of social care adopted by the state for a multi-annual period (for five or ten years). The national programme of social care defines the fundamental basis for the development of the system, the objectives and the strategies of the development of the social care; defines the public social services and public social programmes network and the mode of its execution and monitoring, as well as the responsibility of particular operators at different levels.

The basic starting points of treatment of users in the social care system, that are in distress and have illicit drug use related problems, are defined in the Resolution on the National Programme of Social Care 2006 – 2010 (Official Gazette of the Republic of Slovenia, No. 39/2006). The mentioned national programme was terminated in 2010, and a new national programme 2011 – 2020 is in the process of adoption (website of Ministry of Labour, Family and Social Affairs (MLFSA)).

Other important social care related Acts that are relevant for the illicit drugs users, from the social benefit and professional consideration point of view, are as follows: Financial Social Assistance Act (Official Gazette of the Republic of Slovenia, No. 61/2010, 40/2011), Exercise of Rights to Public Funds Act (Official Gazette of the Republic of Slovenia, No. 62/2010, 40/2011), Special allowance for the socially disadvantaged Act (Official Gazette of the Republic of Slovenia, No. 57/2009) and Social enterprise Act (Official Gazette of the Republic of Slovenia, No. 20/2011).

The expert activities designed for the solving of the illicit drugs use related social problems are carried out within the framework of public services (62 social work centres) and within the framework of private citizens and non-governmental organisations that are implementing supplementary social care programmes.

In 2010, the social work centres registered 357 treatments related to the illicit drugs problems. In 2010, over 8.400 users participated in the illicit drugs related social care programmes that are co-financed by the MLFSA.

In compliance with the common evaluation model, an exterior evaluation of the social rehabilitation programmes for drug users, financed by MLFSA for the period of five years, was carried out for the first time in 2010. Low-threshold and high-threshold programmes in the field of illicit drugs and programmes for regulating of social distress due to alcoholism and eating disorders were evaluated.

8.1 Social exclusion and drug use

The performed tasks, services and public mandates carried out in the social work centres, are registered by the practitioners in the social database (BSP), which represents one of the sets of social work centre information system (ISCSD). The BSP data, shown in the table below, are collected according to the issue that a preformed task, public mandate or service represents. This means that for all such entry, a practitioner in a social work centre, who carries out a certain public mandate or social care service for a certain person or family, also registers the reason for which the task was carried out (this is what we call a problem/issue). It is hereby important we emphasize that the data does not refer to individuals but to the detected issues.

Within the social work centres, the illicit drugs issue is most frequently treated in the context of the social first-aid. We can see that the illicit drugs issue is not exactly frequently treated in the social work centres. During the years from 2008 to 2010, there were between 304 to 363 such treatments annually (see Table 8.1).

Table 8.1: *Number of treatments in the social work centres related to the illicit drugs issue in the period from 2008 to 2010*

Issue	2008	2009	2010
Illicit drugs	304	363	357

Source: Extract from the social database, Ministry of Labour, Family and Social Affairs of the RS

Users in distress and having illicit drugs use related problems have different social care programmes at their disposal in the social care system. Each year, final (annual) reports regarding the implementation of programmes are collected at the Social Protection Institute of the RS (IRSSV), and on their basis, a register and analysis of social care programmes, co-financed in the previous year by the Ministry of Labour, Family and Social Affairs, are drawn up. The data is collected on a national level and in this regard they represent a liable record of the situation in the field of implementation of social care programmes. However, their defect is the fact that they refer only to the programmes obtaining a part of financial resources from MLFSA, while the programmes who failed the MLFSA call for applications are not covered. We estimate that in the field of social care those programmes are in smaller proportions.

The IRSSV data shows that, in 2010, over 8.400 users participated in the illicit drugs related social care programmes, co-financed by MLFSA, however the mentioned number does not include the users of different web forums, telephone and Internet counselling and wider preventive campaigns.

Evaluation of programmes in the field of social rehabilitation of drug users

In 2003, IRSSV and the Faculty of social work began to implement a project of unified evaluation of social care programmes. Approximately eight years have passed from the initial experimental phase up to today when all public social care programmes are involved in an

unified evaluation procedure. During this period, they introduced over 70 public social care programmes into the project.

For the needs of the unified evaluation model, they adapted the Yates model (1996 in: Rode et al., 2006) of evaluation of costs (and at the same time the resources covering these costs), procedures, processes and outcomes, that guarantees an overview over the implementation of programmes, their success and efficiency. The model is used for self-evaluation of programmes, representing the basis for exterior evaluation and comparison between the programmes of the same kind. In this context, they have developed an educational programme, measure instruments; they made a computer application for the entry of the data and have drawn up the application user's manual[8].

This way the public social care programmes operators conduct self-evaluation on an annual basis, and every few years (three to five) the programmes are involved in an exterior evaluation. The objective of the latest (the first one was conducted in 2009) is to deepen the information obtained by virtue of self-evaluation reports and the comparison between programmes of the same kind.

It is important for the validity of the exterior evaluation that the highest possible impartiality of evaluations and stability of evaluation criteria is provided. To this end, IRSSV and the Faculty of social work use the so called dialogue approach, where the evaluations are given by several exterior evaluators (at least two), and in the entire process, there is also one participant from the evaluation programme (Rode et al., 2006).

In compliance with the common evaluation model, an exterior evaluation of the social rehabilitation programmes for drug users, financed by MLFSA for the period of five years, was carried out for the first time in 2010. Low-threshold and high-threshold programmes in the field of illicit drugs, programmes for management of social distress due to alcoholism and eating disorders were evaluated. The evaluation was referring to the first semester of 2010.

The evaluation objectives were as follows: verification of the participation of the planned population in the programme, revision of the financial construction and of the staffing of the programmes, revision of the work procedures in the programmes and assessment of the quality of the executed programme for the users according to the criteria that are common for individual groups of programmes. For the measure instruments they used the questionnaires for the users, protocols for the operators and evaluators, documentation on the programme and documentation for the users. The evaluators also carried out visits in the programmes.

The programmes quality measurement criteria were defined together with the programme providers and some were added by the MLFSA.

Eight programmes were involved in the exterior evaluation of low-threshold programmes in the field of illicit drugs. They were divided into subgroups, namely day centres, programmes

[8] For more information see: Rode, N., Rihter, L., Kobal, B. (2006). Evalvacija programov v socialnem varstvu: model in postopek izvedbe. Ljubljana: Fakulteta za socialno delo, Inštitut RS za socialno varstvo

carrying out field work that have a day centre, preventive-information programmes, programmes that perform only field work.

Mostly, the programmes were financed, in major proportion or entirely, from public resources. The exception was one programme financed up to 20% from private resources.

In the group of low-threshold programmes, the majority of employees hold the 6th or the 7th level of education, and the part of employees holding the certification exam in the field of social care is low (from 25% to 50% of employees). In some of the programmes, a considerable number of work hours are done by the volunteers and other remunerated providers.

In the first half of 2010, they had 74 to 650 users participating in the programmes; the number of regular users in the same period was somewhat lower (from 24 to 362). In average, the users were actively participating in the programmes from five to 28 hours a month. In all programmes, the participating users fell within target groups of users that were determined in advance.

For the procedures of direct work with the users, the operators destined between 60 to 82% of time. Only in one of the preventive-information programme, they used less than half of the time for these procedures.

In some cases, the evaluators had difficulties in measuring the achievement of programme goals or they could not measure at all the achievement of individual goals because they did not manage to obtain sufficiently liable data (from the questionnaires and documentation) from the users and programmes operators. Roughly speaking, the evaluation has shown that the day centre programmes contribute above all to the achievement of the following goals: visit to the programme/site (active participation), preventing the infections, reducing the risk ways of drug use and enabling the users to choose and have access to the services.

In the programmes performing field work and having a day centre, they mostly contribute to the visit to the programme/site (active participation), demanding the information, counselling (visiting the Web sites, demanding information), enabling the users to choose, arranging the living conditions, improving of self-image, increasing of functional literacy, enabling access to the services. In contrast to other subgroups of low-threshold programmes, they also contribute to the participation in the high-threshold programmes.

In the preventive-information programmes, they mostly contribute to the achievement of the following goals: visit to the programme/site (active participation), enabling the users to choose and have access to the services.

They were evaluating one programme only, within which they perform exclusively field work and, similar to other day centre programmes, it has the best evaluations in achieving the following goals: visit to the programme/site (active participation), demanding the information, counselling (visiting the Web sites, demanding information), preventing the infections and reducing the risk ways of drug use.

A worse situation in all low-threshold programmes was detected in achieving the following goals: awareness and empowerment of the relatives, response of the public to the work of the programme. Two low-threshold programmes subgroups also include: establishing experiential laic work and secondary trade of needles.

Likewise, eight programmes were included in the exterior evaluation of the high-threshold programmes in the field of illicit drugs.

The programmes were mostly financed from public resources, either in major proportion or entirely. The exception being one programme whose one third was financed by the donors and other private resources.

In the group of high threshold programmes, most of the employees are holders of the sixth or seventh level of education, and the part of employees holding the certification exam in the field of social care is satisfactory (approximately one half of the employees). In two programmes a considerable number of work hours are done by the volunteers and other remunerated providers.

There were 119 to 768 users participating in the high-threshold programmes in the first half of 2010, but the number of regular users in the same period was somewhat lower (from 177 to 523). In average, the users were actively participating in the programmes from five to 2 hours a month up to 422 hours. The differences in the quantity of active participation of users in the programme are substantial, which mainly derives from the fact that some programmes have accommodation capacities and daylong programmes. These programmes have a higher average monthly active participation of the user. The others, having a lower average monthly active participation, have no accommodation capacities.

In all programmes, the participating users were assigned to users target groups that were determined in advance.

For the procedures of direct work with the users, the operators spent between 65 to 80% of their time. Only in one of the programmes, there was a substantially smaller proportion of this work, namely 30%.

In the programmes, they mostly contribute to the achievement of the following goals: improvement of the communication, insight into the problem, acceptance of the issue by the users; safe, good social network, constructive solving of the conflicts, changed attitude towards health – care for proper health, stable abstinence, constructive use of leisure time, setting up and achieving of goals, better self-image and improving the family relations. In somewhat smaller proportion, the programmes achieve the goal consisting of acquiring new skills and knowledge and continuation of schooling.

8.2 Social reintegration

Social reintegration programmes

In 2010, MLFSA co-financed five programmes in whose framework they were implementing the reintegration (sub) programmes (Table 8.2). The only entirely reintegration programme is the Reintegration centre implemented by the Social Work Centre in Kranj. The rest of the programmes represent only a part of extensive social rehabilitation programmes for illicit drugs users. In all reintegration (sub) programmes but one, the users have the accommodation and non-accommodation part of the programme at their disposal. Normally, the users spend some time participating in the accommodation part, and later the non-accommodation or outpatient part.

Table 8.2: *Social reintegration programmes, 2010*

Operator	Programme (sub-programme)	Number of users	Accommodation capacities (no. of beds)	Type of reintegration (sub) programme
Social Work Centre Kranj	Reintegration centre	52	10	Accommodation and non-accommodation
The project Projekt Človek	Projekt Človek (reintegration centre)	20	6	Accommodation and non-accommodation
Društvo Svit Koper (Svit Koper Society)	Working with illicit drugs users and their relatives (reintegration group)	5	0	Non-accommodation
Društvo UP (UP Society)	Assistance for drug users and their relatives (reintegration)	11	13	Accommodation and non-accommodation
Zavod Pelikan Karitas (Zavod Pelikan Karitas Institution)	Programme for assistance and daylong accommodation for drug users (reintegration)	11	4	Accommodation and non-accommodation

Source: Smolej et al., 2011

9. DRUG-RELATED CRIME, PREVENTION ON DRUG-RELATED CRIME, AND PRISON

The Penal Code of the Republic of Slovenia (Official Gazette of the Republic of Slovenia, No. 55/2008, 66/2008 – amend. and 39/2009) and the Production of and Trade in Illicit Drugs Act (Official Gazette of the Republic of Slovenia, No. 108/1999, 44/2000, 2/2004 – ZZdrI-A and 47/2004 - ZdZPZ) represent the fundamental legal basis for the repressive actions of the police in the field of illicit drugs.

The Penal Code covers two main criminal offences from the field of illicit drugs. In Article 186, it prohibits and sanctions unlawful production of and trade in illicit drugs and in Article 187 incriminates the enabling of consumption of illicit drugs. Article 33 of the Production of and Trade in Illicit Drugs Act stipulates a monetary fine for the possession of smaller quantities of illicit drugs for one-off personal use.

The Ministry of the Interior of the Republic of Slovenia collects crime-related data via a central computer inputting national, regional and local police data.

In 2010, the police recorded 1,969 criminal offences (according to the Penal Code) and 3,328 minor offences (according to the Production of and Trade in Illicit Drugs Act) from the field of illicit drugs and dealt with 2,240 persons suspected of involvement in a criminal offence from the field of drugs. In 2010, cannabis remains the illicit drug related to the majority of criminal and minor offences.

In 2010, the police ordered 1,501 professional examinations to establish the presence of illicit drugs and other psychoactive substances in drivers with 870 analyses returning a positive result. Most commonly the drivers were driving under the influence of opiates, methadone and cocaine.

The Slovenian legislation allows for alternatives to prison, i.e. community service. In 2010, community service as an alternative to a prison sentence was served by 12 convicted persons. The legislation further allows for weekend prison sentences and house arrest. In 2010, 65 convicted persons served their sentence in one of these two ways.

The Head Office of the Prison Administration of the Republic of Slovenia regularly monitors the situation in the field of drugs in institutions for the execution of penal sanctions, verifying the number of prisoners with a drug problem every three months. In 2010, slightly more than one quarter of all prisoners had a drug problem.

In 2010, judicial police officers discovered 105 cases of illicit drugs in prisons, with cannabis being the leading discovered illicit drug followed by heroin. In terms of total quantity of seized drugs judicial police officers discovered 352.36 g of heroin followed by 254.75 g of cannabis, 25 g of cocaine and 9.46 g of hashish.

9.1 Drug-related crime

Criminal and minor offences

In 2010, the Police of the Republic of Slovenia recorded 89,489 criminal offences, of those 1,969 criminal offences from the field of illicit drugs, which is 2.3% of all recorded criminal offences (Table 9.1). A similar percentage of recorded criminal offences from the field of illicit drugs in relation to all criminal offences was evident also in the last five years. In 2010, the police dealt with 2,240 persons suspected of involvement in a criminal offence from the field of drugs.

Data in Table 9.1 relate to criminal offences as stipulated by Article 186 and 187 of the Penal Code of the Republic of Slovenia[9], but do not include the so-called secondary crime (commitment of another criminal offence in order to obtain funds to purchase an illicit drug). Two thirds of all recorded criminal offences relate to the production of and trafficking in illicit drugs (Article 186), most commonly the purchase of illicit drugs with the intent to sell, offer for sale or with a view to sell.

Table 9.1: *The total number of recorded criminal offences, number of criminal offences from the field of illicit drugs, number of persons suspected of involvement in a criminal offence and the number of minor offences from the field of illicit drugs, 2006 – 2010*

	2006	2007	2008	2009	2010
Total number of criminal offences	**90,354**	**88,197**	**81,917**	**87,463**	**89,489**
Number of criminal offences from the field of drugs	1,794	1,612	1,681	2,231	1,969
Number of persons suspected of involvement in a criminal offence from the field of drugs	2,102	1,783	1,963	2,570	2,240
Number of minor offences from the field of drugs according to the Production of and Trade in Illicit Drugs Act	2,974	3,077	3,314	3,338	3,328

Source: Frozen database of the electronic computer centre of the Ministry of the Interior of the Republic of Slovenia

In 2010, the police recorded a 15.5% decline in the number of criminal offences from the field of drugs compared to 2009, while the year 2009 showed a 32% increase of such offences compared to 2008. There are several reasons for the decline in the number of recorded criminal offences with the two major reasons being the dealing with more complex and consequently lengthy criminal investigations of international criminal groups and the partial reorganisation of the criminal police.

The highest percentage of recorded criminal offences from the field of illicit drugs has been recorded in the three largest police administrations, i.e. the Ljubljana Police Administration, the Maribor Police Administration and the Celje Police Administration. In 2010, these three police administrations recorded more than one half of all criminal offences from the field of

[9] Article 186 of the Penal Code – Illicit production of and trafficking in illicit drugs, illicit substances in sports and precursor substances for manufacturing illicit drugs and Article 187 of the Penal Code – Enabling consumption of illicit drugs or illicit substances in sports

illicit drugs (1,194). In the same period, the remaining five police administrations recorded a total of 775 criminal offences from the field of illicit drugs. The same situation was recorded also in previous years with the three largest police administrations recording over 50% of all criminal offences from the field of illicit drugs. It needs to be stressed however, that these three police administrations employ a larger number of police officers.

In 2010, the police also recorded 3,328 minor offences from the field of illicit drugs as stipulated by the Production of and Trade in Illicit Drugs Act. Cannabis remains the illicit drug related to the highest number of criminal and minor offences from the field of illicit drugs, followed by heroin and cocaine (see Table 10.2).

Criminal offences committed under the influence of alcohol and illicit drugs

The Criminal Procedure Act (Official Gazette of the Republic of Slovenia, No. 32/2007) authorises the police to conduct tests for the presence of alcohol and illicit drugs in persons suspected of involvement in a criminal offence within the framework of a pre-trial criminal procedure. This is conducted via ordering a professional examination, which is carried out by health institution and is including the withdrawal and analysis of blood and urine.

In 2010, the police dealt with 65,346 persons suspected of involvement in a criminal offence. Of that, 535 were under the influence of alcohol and 94 under the influence of illicit drugs at the time of committing the offence (Table 9.2). This means than at the time of committing a criminal offence, slightly less than one percent of suspects were under the influence of alcohol or illicit drugs. Compared to 2009, the share of suspects, who committed a crime under the influence of alcohol or illicit drugs, dropped compared to 2010 despite the police dealing with 12% more suspects in 2010.

Table 9.2: *Total number of persons suspected of involvement in a criminal offence and suspects who committed a criminal offence under the influence of alcohol or illicit drugs. 2006 – 2010*

	2006	2007	2008	2009	2010
Total number of persons suspected of involvement in a criminal offence	**53,431**	**55,879**	**50,232**	**58,132**	**65,346**
Number of persons suspected of involvement in a criminal offence, who committed the crime under the influence of alcohol	393	393	417	625	535
Number of persons suspected of involvement in a criminal offence, who committed the crime under the influence of illicit drugs	139	126	138	137	94
Total number of persons suspected of involvement in a criminal offence, who committed the crime under the influence of alcohol and illicit drugs	532	519	555	762	629

Source: Frozen database of the electronic computer centre of the Ministry of the Interior of the Republic of Slovenia

The largest share of criminal offences (according to the Penal Code) that were committed under the influence of illicit drugs pertains to criminal offences against property and unlawful production of and trafficking in illicit drugs (Table 9.3).

Table 9.3: *The number of suspects, who committed a criminal offence under the influence of illicit drugs according to some individual types of criminal offences under the Penal Code, 2006 – 2010*

Criminal offence as defined by the Penal Code	2006	2007	2008	2009	2010
Larceny, Article 204 of the Penal Code	18	12	28	7	18
Grand larceny, Article 205 of the Penal Code	28	30	39	11	10
Unlawful production of and trafficking in illicit drugs, illicit substances in sports and precursor substances for manufacturing illicit drugs, Article 186 of the Penal Code	50	32	16	36	11
Enabling consumption of illicit drugs or illicit substances in sports, Article 187 of the Penal Code	9	9	18	5	0
Violent conduct, Article 296 of the Penal Code	3	2	5	3	10
Robbery, Article 206	0	8	11	1	2
Obstructing the performance of official acts or revenge upon an official, Article 299 of the Penal Code	2	9	1	7	2
Minor bodily harm, Article 122	2	3	1	6	3
Manslaughter, Article 115	3	0	1	2	3
Damage to property, Article 220 of the Penal Code	0	0	1	1	5

Source: Frozen database of the electronic computer centre of the Ministry of the Interior of the Republic of Slovenia

Secondary crimes

In 2010, the police dealt with 316 criminal offences committed in order to obtain funds to purchase illicit drugs. In 2009, this number stood at 783 criminal offences, in 2008 at 575 and in 2007 at 459. The majority of criminal offences that were committed in order to obtain funds to purchase illicit drugs were offences against property (larceny, grand larceny, robbery and fraud).

Driving under the influence of psychoactive substances

Psychoactive substances impair an individual's ability to perceive and process information, the ability of effective thinking and appropriate motor reactions. They thus indirectly affect the level of traffic safety and increase the possibility of causing an accident. Illicit drug users often do not react fast enough, suffer from impaired concentration, are unobservant when overtaking as their estimation of time and distance is impaired, suffer from limited eye movement and break too late. There is also a greater readiness for taking risks and aggression towards other road-users.

In 2010, the police ordered 1,501 professional examinations to establish the presence of illicit drugs and other psychoactive substances in drivers, with 870 analyses returning a positive

result (Table 9.4). Compared to 2009, there were 17.6% less professional examinations establishing the presence of illicit drugs and other psychoactive substances ordered in 2010 with the actual established presence of these substances in the tested drivers decreasing by 16%. The presence of psychoactive substances among road-users increased until 2009. The reason for the decline of this share in 2010 partially lies in a greater awareness of drivers and partially in higher fines.

Table 9.4: *The number of ordered professional examinations for establishing the presence of illicit drugs and other psychoactive substances and the number of positive cases, 2009 – 2010*

	2009	2010
Ordered examinations	1,821	1,501
Positive examinations	1,038	870

Source: Frozen database of the electronic computer centre of the Ministry of the Interior of the Republic of Slovenia

The results of positive blood and urine sample analyses from professional examinations have shown that drivers usually drove under the influence of opiates followed by the influence of methadone and cocaine (Table 9.5).

Table 9.5: *Discovered illicit drugs and other psychoactive substances (medicine) in the results of positive analyses, 2009 – 2010*

	2009	2010
Amphetamines	66	48
Benzodiazepines	179	173
Cannabinoids	189	115
Cocaine	271	210
Methadone	336	239
Opiates	352	309
Antidepressants	2	2
Antipsychotics	3	1
Hypnotics/sedatives	4	1
Opiods	18	18
Other	674	614

Source: Frozen database of the electronic computer centre of the Ministry of the Interior of the Republic of Slovenia

The Act Amending the Road Traffic Safety Act (Official Gazette of the Republic of Slovenia, No. 56/2008) entered into force on 1 July of this year. These amendments also relate to establishing the influence of psychoactive substances on impaired abilities of safe management of vehicles. Under the old legislation, it was enough to merely confirm the

presence of such a substance but it was not established whether this substance had any direct effects on the driver's abilities during driving.

The new legislation stipulates that a driver is under the influence of an illicit drug, psychoactive medication and other psychoactive substances if special means, devices or a professional examination establish the presence of such substances in the driver's blood and/or saliva.

A fine of EUR 1,200 and 18 penalty points are foreseen for offenders based on a higher standard of proof and unequivocally proven effect on driving. Such a driver is prohibited from further driving and the driver's licence is suspended for 24 hours.

If no effect is proven but presence of these substances is established in urine, the driver is ordered to undertake a control medical examination. There are no fines or other sanctions foreseen for such an offender. The driver is prohibited from further driving and the driver's licence is suspended for 24 hours.

9.2 Prevention of drug-related crime

Preventive police work in the field of drug-related crime is predominantly based on raising the awareness of target groups on adverse effects of illicit drug use and self-protection measures. The police cooperate with nongovernmental organisations, municipal panels, educational institutions and all other players from the field of reducing the illicit drug problem on national, regional and local level. Preventive work is conducted in the form of lectures for target groups, counselling to state institutions and the preparation of different preventive material such as brochures.

9.3 Alternatives to prison

Article 13 of the Enforcement of Criminal Sanctions Act (Official Gazette of the Republic of Slovenia, No. 22/2000) stipulates community service as a sentence that the court can impose as an alternative to a prison sentence of up to two years. The procedure is prepared, managed and controlled by the social services centre in cooperation with regional institutions responsible for employment. The agreement on the commencement of conducting the tasks, which is concluded between the convicted person, the organisation where he/she conducts the work and the competent centre, is regarded as the subpoena to commence the serving of the sentence.

Article 132 of the Enforcement of Criminal Sanctions Act stipulates that the serving of compliance detention may be suspended or postponed due to health reasons. The mentioned rules and regulations have allowed that in cases of compliance detention of persons suffering from drug addiction, when the institute establishes that the person is unable to serve compliance detention due to health reasons and does not have sufficient means to pay the fine, a proposal of suspension is submitted.

Health-related proposals are mostly approved, especially when dealing with addiction (alcohol, drugs, etc.). Such a person is taken to a medical examination to the institutional clinic where the doctor evaluates such a person as an addict. The institution than proposes to the court that compliance detention is suspended. The institutions do not systematically manage records of addiction of persons in compliance detention.

There have been some successfully implemented milder forms of serving the sentence in the recent period, i.e. weekend prison sentences, house arrest and community service as an alternative to a prison sentence (Articles 12, 12.a and 13 of the Enforcement of Criminal Sanctions Act).

As regards weekend prison sentences (Article 12 of the Enforcement of Criminal Sanctions Act), the director of the institute may allow convicted persons, who had been sentenced to no more than 36 months, provided that they had not been sentenced to a prison sentence for a sexual offence, who have suitable personal qualities, are employed full-time or enrolled in education, to remain in the employment or educational relationship during the execution of penal sanctions and reside at home with the exception of free days, usually the weekend, when they have to be in the institution.

In 2010, weekend prison sentences were served by 63 convicted persons (Table 9.6). In 2009, this number stood at 25. The majority were employed full-time and did not terminate their employment relationship and one convicted person was enrolled in education. They predominantly served penal sanctions at open departments or in regional institutions. They spent their free days (weekends, public holidays and holiday) in the institution.

The court may issue a ruling to substitute a prison sentence of up to nine months with house arrest (Article 12a of the Enforcement of Criminal Sanctions Act). In such a case, the convicted person may serve his sentence in the facility in which he holds permanent or temporary residence or in a public health or care institution in which he resides. In 2010, the court allowed two convicted persons to serve their sentence in the form of house arrest (Table 9.6).

Community service as an alternative to a prison sentence (Article 13 of the Enforcement of Criminal Sanctions Act), which the court imposes as an alternative to a prison sentence of up to two years, is managed and controlled by the social services centre. The agreement on the commencement of conducting the tasks, which is concluded between the convicted person, the organisation where he/she will conduct the work and the competent centre, is regarded as the subpoena to commence the serving of the sentence. In 2010, 12 convicted persons were sent to serve community service as an alternative to a prison sentence (Table 9.6). In 2006, there were 26 such convicted persons.

Table 9.6: *The number of convicted persons, who served an alternative sentence to a prison sentence according to the type of the alternative sentence, 2010*

Institution	Weekend prison sentence	House arrest	Community service
Dob	0	0	0
Slovenska vas	4	0	0
Puščava	6	0	0
Ig	1	0	1
Celje	1	0	0
Ljubljana	0	0	1
OO Ig	14	0	0
Novo mesto	0	0	2
Koper	4	1	0
Nova Gorica	2	0	0
Maribor	6	1	6
Rogoza	24	0	2
Murska Sobota	1	0	0
Total	**63**	**2**	**12**

Source: The Prison Administration of the Republic of Slovenia

9.4 Drug use in prisons

The Head Office of the Prison Administration of the Republic of Slovenia regularly monitors the situation in the field of drugs in institutions for the execution of penal sanctions by collecting data for its annual report. Every three months, on a designated day, it checks the number of prisoners with a drug problem. In 2010, slightly more than one quarter of all prisoners had a drug problem, which is a similar share as in previous years.

Table 9.7: *The number of* prisoners *with a drug problem with regard to the total number of* prisoners *on a designated day in the 2002 – 2010 period*

Year	2002	2003	2004	2005	2006	2007	2008	2009	2010
The number of all prisoners	5,219	4,725	4,344	3,097	3,572	4,311	4,383	4,730	4,592
The number of prisoners with a drug problem	703	727	944	868	948	1,090	1,210	1,209	1,215
Share	13.47%	15.38%	21.73%	28.03%	26.5%	25.3%	27.6%	25.6%	26.5%

Source: The Prison Administration of the Republic of Slovenia, Annual Report 2010

In 2010, 4,592 persons were incarcerated and 1,215 of them had a drug problem. Compared to the previous year, their number increased by 6 people or by 0.9%. For 30 such persons, compulsory drug abuse treatment was ordered (29 male and one female convicted persons).

As evident from Table 9.7, the trend of persons with a drug problem shows doubled values from 2002 to 2005 but in the last five years does not record a statistically significant increase or decline. The national strategic measures that were implemented in the field of preventing drug use have contained further growth of this problem and this is probably reflected also in prisons.

Bringing in illicit drugs and other psychoactive substances to prisons

In 2010, judicial police officers discovered 105 cases of psychoactive substances, with the total number of discoveries including equipment for use, pills and alcohol standing at 216 (Table 9.8). Cannabis is the leading discovered illicit drug that was discovered in 58 cases followed by heroin that was discovered 40 times. In addition to illicit drugs, judicial police officers discovered different pills, equipment for drug use and alcohol, with the latter predominantly being processed in the institute by fermenting fruit and sugar with added yeast.

Table 9.8: *The number of discovered illicit drugs and other psychoactive substances according to individual types, 2010*

Institution	Heroin (d)	Cannabis (d)	Cocaine (d)	Hashish (d)	Alcohol (d)	Methadone (d)	Pill (d)	Equipment (d)	Number of all (d)	Number of all (d) of drugs
Dob	16	3	0	1	3	0	11	0	**34**	**20**
Slov. vas	0	0	0	0	1	0	0	0	**1**	**0**
Puščava	0	0	0	0	0	0	0	0	**0**	**0**
Ig	1	1	0	1	1	0	13	6	**23**	**3**
Celje	3	7	1	0	1	0	9	1	**22**	**11**
Koper	5	7	0	0	0	0	12	1	**25**	**12**
N. Gorica	1	1	0	0	0	0	2	0	**4**	**2**
Ljubljana	8	20	2	0	1	0	15	3	**49**	**30**
N. mesto	1	1	0	1	0	0	2	1	**6**	**3**
OO Ig	0	0	0	0	0	0	0	0	**0**	**0**
Maribor	5	12	1	0	0	1	14	7	**40**	**18**
M. Sobota	0	1	0	0	0	0	0	0	**1**	**1**
Rogoza	0	1	0	0	0	0	2	0	**3**	**1**
Radeče	0	4	0	0	0	0	3	1	**8**	**4**
Total	**40**	**58**	**4**	**3**	**7**	**1**	**83**	**20**	**216**	**105**

(d): discoveries

Source: The Prison Administration of the Republic of Slovenia

In terms of total quantity of seized drugs in 2010, judicial police officers discovered 352.36 g of heroin followed by 254.75 g of cannabis, 25 g of cocaine and 9.46 g of hashish (Table 9.9). Judicial police officers also discovered 30.8 l of alcohol, 3 ml of methadone and 2,800 pieces of tablets. The largest discovered quantities of an individual type of drug were recorded in Ljubljana with 56.8 g of heroin, 15.4 g of cocaine and 30.6 g of cannabis. In these cases, judicial police officers discovered the drug upon its entry into the facility, i.e. before it reached imprisoned persons. In the majority of cases, illicit drugs are discovered once they have already entered the institution or prison.

Prisoners brought the drug into the facility in different ways, usually hiding it on their body or in clothes (sewn into the linings, etc.), throwing it over the fence and bring it in via packages, predominantly factory packed foods, and in letters. It is estimated that the majority of drugs are smuggled into prisons in bodily cavities.

The bringing in of illicit drugs to prisons is prevented via a more thorough control upon entry in the institution and with regular controls of facilities and persons, by cooperating with the police and gathering information and by discovering drugs with the help of trained dogs.

Table 9.9: *The quantity of discovered illicit drugs and other psychoactive substances according to individual types, 2010*

Institution	Total quantity of heroin in g	Total quantity of cannabis in g	Total quantity of cocaine in g	Total quantity of hashish in g	Total quantity of alcohol / l	Total quantity of methadone /ml	Total quantity of tablets / piece
Dob	158 .6	12 .16	0	5 .7	23	0	1,355
Slovenja vas	0	0	0	0	3	0	0
Puščava	0	0	0	0	0	0	0
Ig	1	0 .1	0	0 .2	0.3	0	218
Celje	9 .7	3	0 .4	0	4	0	116
Koper	25 .8	34 .6	0	0	0	0	213
Nova Gorica	4 .96	9	0	0	0	0	12
Ljubljana	129 .6	165 .3	22 .4	0	0.5	0	740.5
Novo mesto	5	1	0	3 .56	0	0	58
Ig OU	0	0	0	0	0	0	0
Maribor	17 .7	16 .3	2 .2	0	0	3	55
Murska Sobota	0	1	0	0	0	0	0
Rogoza	0	0 .09	0	0	0	0	25
Radeče	0	12,2	0	0	0	0	8
Total	352 .36	254 .75	25	9 .46	30 .8	3	2800.5

The discovered substance is weighed in gross quantity (i.e. together with the package) and is as such turned over to the police
Source: The Prison Administration of the Republic of Slovenia

9.5 Responses to drug-related health issues in prisons

See chapter on drugs and prison.

According to the Slovenian legislation (Criminal Procedure Act), the police is the only authority responsible for seizure of possible evidence in a criminal procedure. So, when the Customs Administration of the RS discovers illicit drugs, they notify the police who afterwards carry out the seizure. That is why in the pursuit of criminal groups that are smuggling the illicit drugs and their precursor chemicals, the Slovenian police cooperates with the Slovenian customs as well as with the authorities of other countries (particularly in the Balkans). Since 2004, they have been systematically collecting and analysing the price of illicit drugs, in retail as well as in the wholesale. The average price for the entire country is calculated on the basis of the data given by eleven administrations that establish prices of drugs in the field.

Compared to the year before, Slovenia has in 2010 detected a decline in the global quantity of seized illicit drugs such as heroin, cocaine, ecstasy, cannabis; the only exception being tablets of amphetamines, where the quantity of seized drugs is on the increase. The reasons for the decrease of seized quantities lie in the fact that there are less illicit drugs travelling by the traditional Balkan route through the territory of former Yugoslavia into the European Union (EU), as the northeast line is more in use due to the accession of Bulgaria and Romania to the EU, and consequently, to a less strict control. A part that, the smugglers are smuggling the illicit drugs through Slovenia in smaller quantities and the mode of smuggling is more sophisticated and therefore more difficult to discover. Otherwise, Slovenia is known as a country of transit and a user country of illicit drugs and not as a country producing the illicit drugs, because the police have so far not detected the production of heroin, cocaine or synthetic drugs. The only exception is the production of the illicit cannabis that has been on the increase for the past years. So, in 2009, the Slovenian police have recorded 11 sites organized for cultivation of cannabis under artificially established conditions, and up to 42 sites of this kind in 2010.

The prices of illicit heroin, cannabis, ecstasy and amphetamine are not changing considerably and have more or less remained on the same level in the past five years. We were only able to detect an increase in the price of cocaine, the main reason being the greater purity of the cocaine available on the illicit market.

The average concentrations of illicit drugs in Slovenia, such as cocaine and amphetamine remained constant in 2010, similar to the past years, with minor derogations in concentration of heroine that decreased in 2010.

10.1 Availability and seizures of illicit drugs

In the period from 2006 to 2010, we were able to detect a decrease in the global quantity of seized illicit drugs in Slovenia. Above all, this applies to the most expanded drugs and to those whose use is more dangerous. The only exceptions are the tablets of amphetamines where an evident increase in the quantity of seized tablets was noticed (Table 10.1). The reason for the decrease in seized quantities is difficult to explain, however it is mainly due to the fact that there are less illicit drugs travelling by the traditional “Balkan route” through the territory of former Yugoslavia into the European Union, as the northeast line is more in use due to the accession of Bulgaria and Romania to the EU, and consequently, to a less strict control. A part that, the smugglers are smuggling the illicit drugs through Slovenia in smaller quantities and they became more sophisticated, especially regarding the mode of smuggling that is now more difficult to detect. It is a fact that for several years the customs administration has not recorded a greater seizure of illicit drugs at the state border with Croatia. Likewise, in 2010, there was no greater seizure of illicit drug carried out neither in all three international airports nor in the Port of Koper. In spite of this, on the basis of the data obtained by the criminal intelligence activity it is possible to estimate that illicit drugs are still being smuggled through Slovenia, namely from the Balkan peninsula to all EU states, and a part of them is destined also for the territory of Slovenia.

Despite the noted decline in the total quantity of seized drugs, the number of inland drug seizures is however increasing. In 2010, the police recorded 5,015 illegal drug seizures. The highest number of seizures with respect to the type of the illegal drug pertains to cannabis followed by heroin, cocaine and amphetamines (Table 10.2).

Due to a relatively high demand for illicit drugs, we can define Slovenia as a user country of illicit drugs, as well as the country of transit where organized criminal groups are engaged in organization, logistic assistance and performance of criminal activities related to supplying the illicit drugs to the European market.

We cannot denote Slovenia as a producing country for illicit drugs because up until now the police have not registered the production of synthetic drugs in the country, likewise it is not known to be a producing country for heroin and cocaine, but it is above all the country of transit and user country for these two drugs.

The only exception represents the production of the illicit drug cannabis, which has been on the increase for the past several years. If in 2009 the police registered 11 sites organized for the cultivation of cannabis under artificially established conditions, they registered 42 of these sites in 2010. Some of these laboratories were extremely sophisticated and managed the production of almost 1000 plants up to four times a year. There are several reasons for the increase of these problems. In all likelihood the increase of this activity by the individuals and by some criminal groups was contributed also by the economic crisis and the growing unemployment. Namely, as it was determined indirectly in several cases, this incriminated activity represented the only source of income for certain individuals.

Regarding the increase of these problems and the phenomenon of modern or sophisticated laboratories, we can assume that in the future, Slovenia could appear as a producing country for the illicit drug cannabis.

Table 10.1: *Global quantity of seized illicit drugs, according to the type of drug, 2006-2010*

Illicit drug type	Unit	2006	2007	2008	2009	2010
Heroin	Kg	182,29	60,443	136,524	41.787	36,203
Cocaine	Kg	4,670	41,749	90,747	2,867	2,012
Ecstasy	Tab	2950	1246	3539	16872	399
	Kg	0,818	0,0184	0	0,0361	0,003
Amphetamine	Tab	201	1070	64	778	7524
	Kg	3,410	0,994	2,735	3,214	2,831
Cannabis plant	Pc	2557	9483	7116	9373	9278
Cannabis marihuana	Kg	552,976	157,015	404,202	242,025	188,760
Cannabis resin-hashish	Kg	4,340	0,684	0,429	0,689	0,224
Benzodiazepines	Tab	1503	1249	2768	5116	1927
Acetic acid anhydride	Kg	0	6990	60000	0	0

Source: Frozen database of the electronic computer centre of the Ministry of the Interior of the RS

Table 10.2: *The number of seizures according to the type of the illicit drug and listed according to minor and criminal offences and total, 2007 – 2010*

		2007			2008			2009			2010		
		Min. off.	C.o.	Total	Min. off.	C.o.	Total	Min. off.	C.o.	Total	Min. off.	C.o.	Total
Amphetamines	Total	128	50	178	151	52	203	111	46	157	135	62	197
Benzodiazepines	Total	44	14	58	40	16	56	67	49	116	56	40	96
Ecstasy	Total	24	16	40	24	23	47	8	8	16	4	5	9
Cannabis – resin (hashish)	Total	116	19	135	105	21	126	74	9	83	48	9	57
Heroin	Total	423	227	650	496	276	772	487	285	772	441	279	720
Cocaine	Total	129	97	226	143	103	246	158	113	271	145	133	278
Cannabis – plant	Total	283	101	384	317	72	389	219	83	302	85	93	178
Cannabis marijuana	Total	2,014	331	2,345	2,041	406	2,447	2,285	460	2,745	2,600	490	3,090
Methamphetamines	Total	22	5	27	14	7	21	1	1	2	0	0	0
Methadone	Total	40	9	49	50	27	77	62	23	85	50	14	64
Morphine	Total	0	2	2	3	1	4	6	3	9	5	2	7
Illicit substances in sports	Total	0	0	0	0	5	5	1	31	32	4	164	168
Other drugs that can be used in medicine	Total	81	8	89	120	3	123	107	18	125	111	16	127
Other drugs that cannot be used in medicine	Total	14	2	16	14	10	24	12	7	19	21	0	21
Drug precursors	Total	0	5	5	0	5	5	0	1	1	1	2	3
	Total			4,204			4,545			4,735			5,015

Source: Frozen database of the electronic computer centre of the Ministry of the Interior of the RS

Hereinafter, you can find the photographs of several discovered sites for cannabis production, treated by the Slovenian criminal police in 2010.

Photographs 10.1 – 10.5: Photographs of illegal hydroponic cannabis cultivation

Source: Departments of forensics

10.2 Prices of illicit drugs

The prices of illicit drugs heroin, cocaine and amphetamine do not change substantially and have approximately remained in the same level for the past five years. So the price for a gram of heroine in the illegal market ranges between 20 and 50 Euros, between 3 and 10 Euros for cannabis, between 7 and 15 Euros for hashish, for a gram of amphetamine the price ranges between 5 and 40 Euros, and the price for a tablet of ecstasy ranges between 3 and 10 Euros. The sole change was detected in the price of cocaine, where in 2009 the price for a gram of cocaine was around 50 Euros, while in 2010 it reached up to 100 Euros. The main reason for the increase in price of cocaine is greater purity of cocaine available on the illegal market.

The Table 10.3 shows the prices of particular most popular illicit drugs on the Slovenian illegal market. In all cases the prices are represented in terminology, from the lowest to the highest value, and are established mainly through the criminal police operational work and by carrying out covered investigative measures deriving from the Criminal Procedure Act and approved by the competent state prosecutors. In most cases the prices depend on the purity of a particular drug.

Table 10.3: *Prices of illicit drugs in the Slovenian illegal market expressed in Euros, 2010*

		1 GRAM	1 KG	1 TAB	1000 TABS
Cannabis	min max typical	3 10 6,50	1.500 3.000		
Hashish	min max typical	7 15 11	3.000 8.000		
Heroin	min max typical	30 50 40	15.000 20.000		
Cocaine	min max typical	40 100 70	30.000 70.000		
Amphetamine	min max typical	5 40 22			
Ecstasy	min max typical			3 10 6,50	1.500 5.000

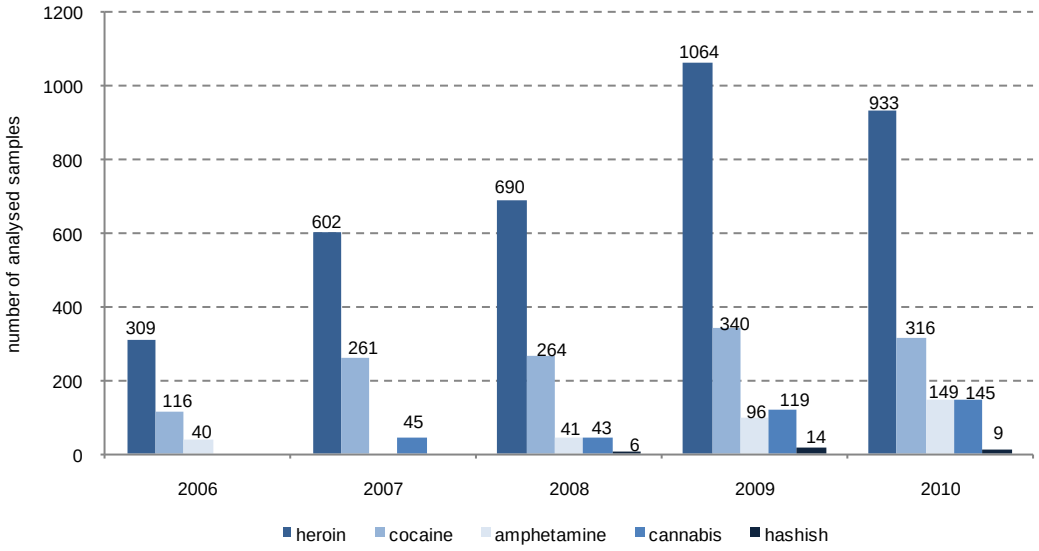
Source: Frozen database of the electronic computer centre of the Ministry of the Interior of the RS

10.3 Quality and purity of illicit drugs

The quantitative analyses for most popular illicit drugs in Slovenia are performed in the chemical laboratory of the National Forensic Laboratory (NFL), by means of different instrumental methods. The monitoring comprises of drugs that are seized by the police in the

context of the detection of criminal offences. To this end, the representative samples are being collected based on the pre-set criteria. The quantitative evaluations are being carried out for heroin, cocaine, amphetamine and for the total of tetrahydrocannabinol (THC + THC acid) in cannabis and hashish. The results are reported to international institutions UNODC and EMCDDA. The number of analysed samples (in the years from 2006-2010), according to the type of drug, is represented in the Figure 10.1.

Figure 10.1: *Number of samples of illicit drugs for quantitative analysis in the period from 2006-2010*

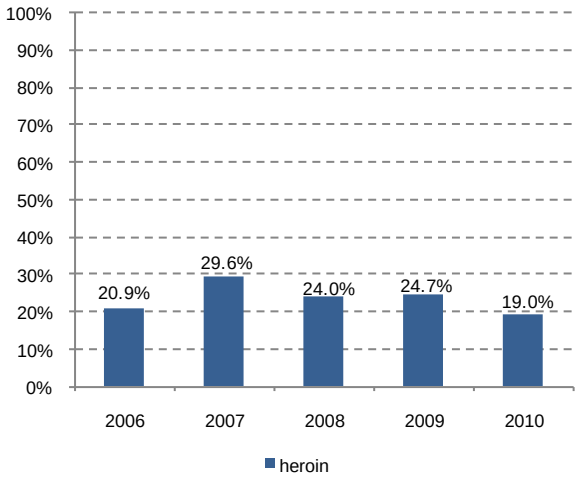


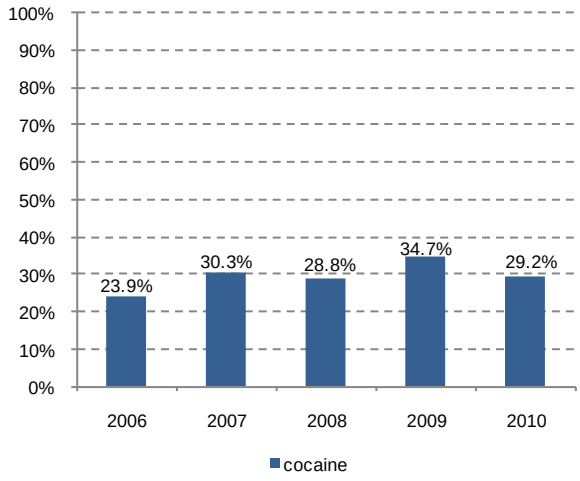
Source: National Forensic Laboratory

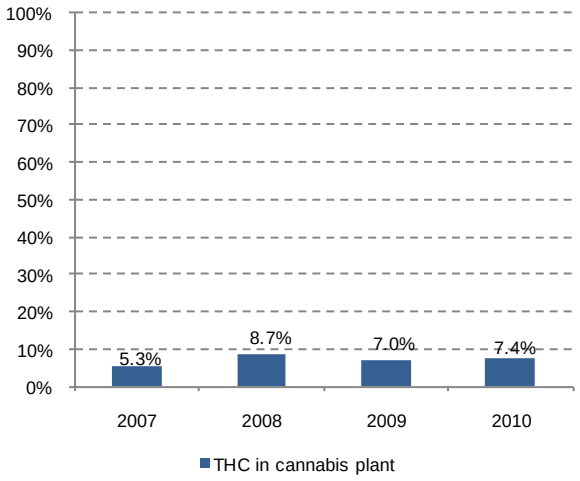
In the period from 2006 to 2010, the average concentrations of several traditional illicit drugs in Slovenia, such as cocaine and amphetamine, were rather constant. There are smaller derogations only in the concentration of heroine which decreased in 2010. Likewise, there are no substantial derogations in the concentration of the total of THC in the cannabis plant or hashish.

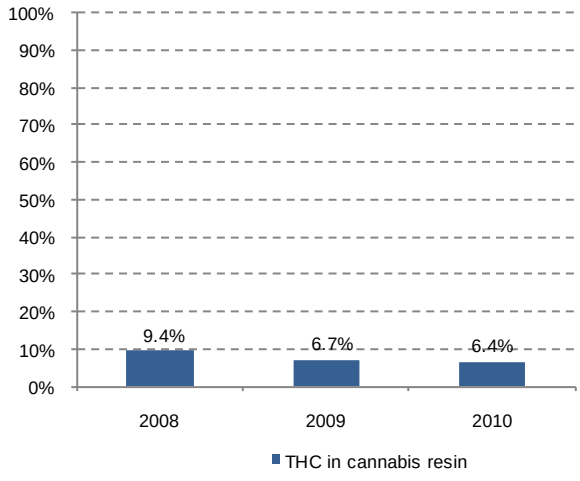
Most of the heroin seized in Slovenia since 2006 was in the form of a base. This form is suitable for smoking and, when adding the citric acid, also for an injection. In the period from 2007 to 2010, the average concentration of heroine in the analysed samples decreased from ca. 30% in 2007 to ca. 19% in 2010 (Figure 10.2). On average, the concentration of heroin in street samples was similar to the concentration of heroin in greater seizures, which implicates that, for the most part, the heroin in the Slovenian market resale chain is not being diluted. Almost all of the samples contained the usual additives paracetamol and caffeine (Klemenc, 2010).

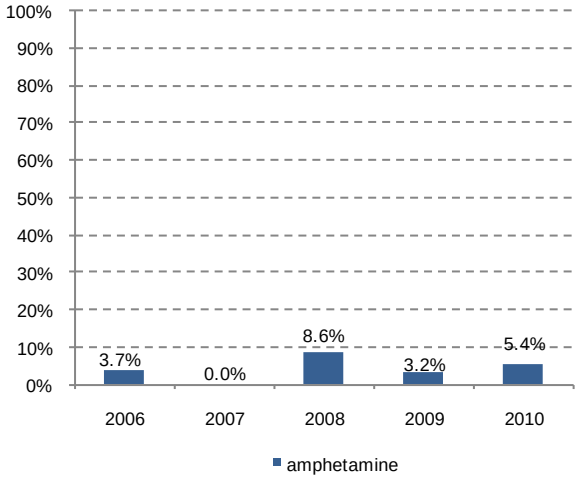
Figure 10.2: *Average concentrations of THC+THC-acid and heroin, cocaine and amphetamine base in the samples seized in the period from 2006-2010*











Source: National Forensic Laboratory

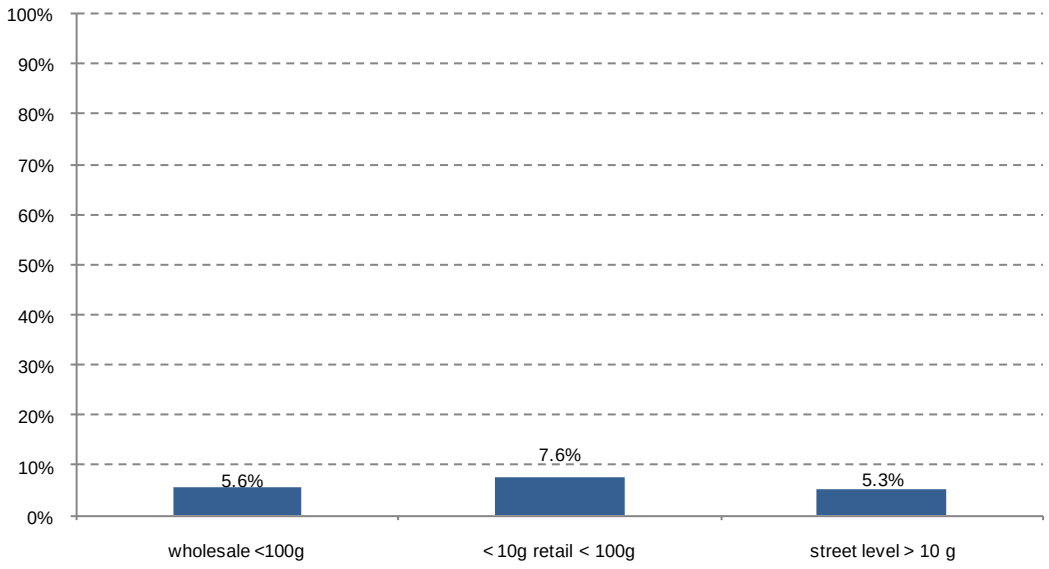
Throughout the period 2007 to 2010, the concentration of cocaine was between 29 and 35%, where the concentration of cocaine in street samples was pretty much the same as the concentration of cocaine in the samples gained from greater seizures (Figure 10.2). In 2010, the average concentration of cocaine was 29.0% for sample masses smaller than 1 g; 27.3% for sample masses from 1 to 10 g; and 33.6% for sample masses above 10 g.

In 2009, the most common additive in the cocaine was levamisol, and the other more common additives were lidocaine, creatinine, caffeine, phenacetine, paracetamol, aspirin and salicylic acid (Gostič and Kalinger, 2010). Similar additives were identified in the cocaine also in 2010.

In the plant material of cannabis (tips, leaves – marijuana) and cannabis derivatives (hashish, tinctures, etc.), the concentrations of total tetrahydrocannabinol (THC) are determined. Most of the analysed samples represented marijuana. The quantitative analysis for marijuana and hashish have not shown significant trends in the total THC content in the period from 2007 to 2010 (Hiti et al., 2010). Likewise, the concentrations of total THC in cannabis and hashish were mutually comparable.

The data on average amphetamine concentrations is collected by NFL since 2004; however there is no data for the year of 2007. Most of the seized amphetamine samples in that period contained active additive caffeine, and in most cases they were diluted with creatine. The average concentrations measured throughout the period from 2006 to 2010 (2007 excluded) were constant; a derogation was registered only in 2008. In 2010, no substantial differences in the purity of amphetamine between greater seizures and street samples were noticed (Figure 10.3).

Figure 10.3: *Average concentrations of amphetamine for 2010 in the samples taken from greater seizures and in the street samples*



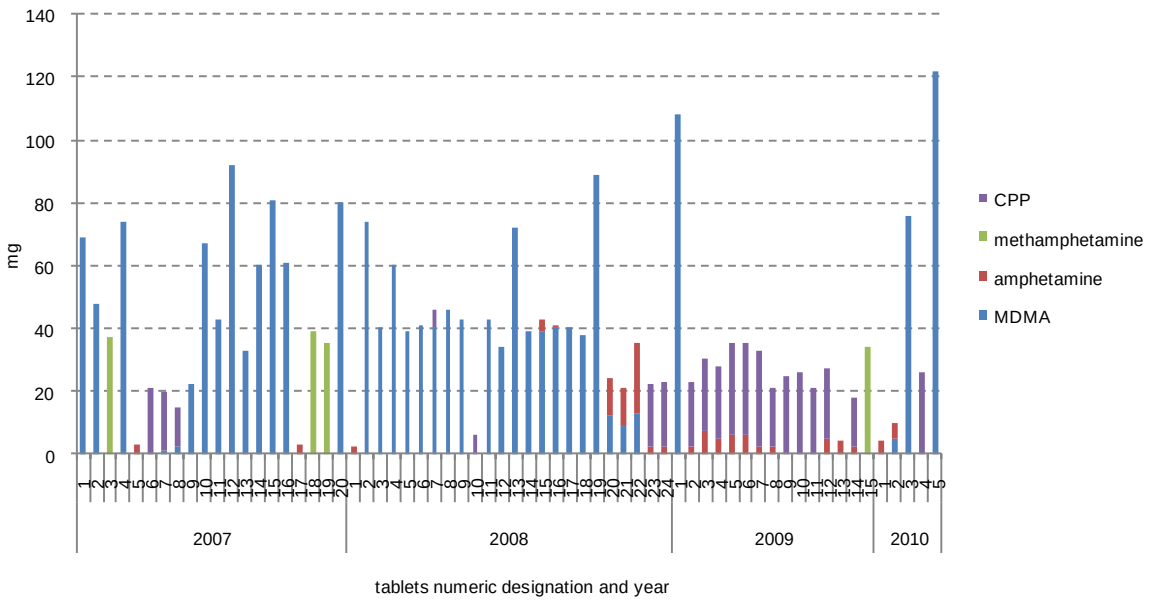
Source: National Forensic Laboratory

The methamphetamine rarely appears in Slovenia. In 2010 only a few seizures of methamphetamine samples were registered, partly in powder form and partly in form of the tablets. The methamphetamine portion was determined only for tablets.

The distinctive variations in chemical composition are noticeable in illicit synthetic drugs. MDMA, that appeared as the main compound of illicit tablets in the years from 2007-2008, was in 2009 replaced by the chlorophenylpiperazine (CPP), having similar psychophysical effects as MDMA. CPP was the most common active compound of illicit tablets in 2009 (Janežič, 2010). Among 15 different kinds of tablets analysed in 2009, MDMA was contained in only one kind of tablets, in which a high concentration of this compound was established.

In the year of 2010, the compositions of illicit tablets of synthetic drugs were rather heterogeneous, whereas the seizures were rare. The appearance of CPP was less distinctive in 2010. 5 different kinds of illicit tablets were analysed, out of which two kinds of tablets contained an above-average amount of MDMA, and one kind contained a combination of MDMA and amphetamine (Figure 10.4). The decrease of illicit tablets in 2009 coincides with the appearance of new drugs, called »legal highs«, particularly mephedrone in powder form that was listed in the 1st group of illicit drugs in august 2011.

Figure 10.4: *Masses of active compounds MDMA, amphetamine, methamphetamine and mCPP in illicit tablets*



Note: NFL does not determine the o-, m- or p- position of chlorine in chlorophenylpiperazine
Source: National Forensic Laboratory

The data on purity of different illicit drugs at street level can be found in table 10.4.

Table 10.4: *Purity of different illicit drugs at street level*

		Cannabis	Hashish	Heroin	Cocaine	Amphetamine	Ecstasy
Purity	min	0.1%	1.0%	10.0%	4.05%	0.3%	nda
	max	23.6%	11.6%	30.0%	29.2%	5.0%	nda
	typical	7.4%	6.4%	17.0%	86.5%	22.3%	nda

nda: no data available
Source: Police

PART B:

SELECTED ISSUES

11. DRUG-RELATED HEALTH POLICIES AND SERVICES IN PRISON

11.1 Prison system and prison population

The Prison Administration of the Republic of Slovenia is a body within the Ministry of Justice of the Republic of Slovenia that enforces penal sanctions and organises and manages prisons and the correctional facility. There are six penal institutions in Slovenia operating at thirteen locations and one correctional facility:

- The Dob Prison for sentenced male prisoners and the Slovenska vas semi-open unit and Puščava open unit that operate within the framework of this penal institution,
- The Ig Prison for sentenced female prisoners, remand female prisoners, women sentenced to compliance detention and female juveniles sentenced to juvenile prison,
- The Celje Prison and Juvenile Prison for sentenced prisoners, remand male and female prisoners, persons sentenced to compliance detention and juveniles sentenced to juvenile prison,
- The Koper Prison for sentenced prisoners and remand prisoners and the Nova Gorica Unit for sentenced prisoners, remand prisoners and persons sentenced to compliance detention that operates within the framework of the Koper facility,
- The Ljubljana Prison and the Novo mesto Unit for sentenced prisoners, remand prisoners and persons sentenced to compliance detention. The Ig Open Unit operating within the framework of the Ljubljana Prison is intended for sentenced prisoners,
- The Maribor Prison and the Murska Sobota Unit for sentenced prisoners, remand prisoners and persons sentenced to compliance detention. The Rogoza Open Unit operating within the framework of the Maribor Prison is intended for sentenced prisoners,
- The Radeče Correction Facility for minors sent to the correctional facility as an educational measure.

The prisons have three regimes or departments of sentence enforcement, i.e. an open, semi-open and closed unit that differ mostly by the degree of restrictions placed on the freedom of movement of their prisoners.

The categories of prisoners are as follows:
A convicted prisoner: a person, who has been found criminally responsible by a final judgement.

A remand prisoner: a person, who has temporarily been detained due to criminal proceedings.

Persons sentenced to compliance detention: persons, who fail to pay a fine in the specified period either partially or fully and are forced to pay the fine by serving compliance detention.

A person in detention: a person, who is detained on the basis of legal grounds. Such a detention can last no more than 24 hours from the hour when the defendant was detained.

Juvenile prisoner: a person, who has been found criminally responsible by a final judgement, and is under 18 years of age.

Young people in a correctional facility: Younger minors (14 to 16 years of age), who have been sent to the correctional facility as an educational measure.

Data and information on the prison system and prisoners are collected and processed by the Prison Administration of the Republic of Slovenia and published in the online-available annual reports (http://www.mp.gov.si/si/o_ministrstvu/ursiks_organ_v_sestavi/dokumenti/letna_porocila/).

Data and information presented in this chapter were collected from the Annual Report 2010 or obtained directly from the Prison Administration of the Republic of Slovenia.

According to the Annual Report 2010, there were a total of 4,765 persons dealt with in all institutions (Table 11.1). Compared to 2009, the total number of such persons reduced by 3.7% or 185 persons.

Table 11.1: *The number of prisoners in each institution in 2010*

Institution	1 Jan 2010	Admitted	Total	Inflow	Released	Outflow	31 Dec 2010	Average number
Dob	410	175	**585**	33	119	99	400	412.4
Slo. vas	50	1	**51**	70	27	37	57	51.3
Puščava	11	0	**11**	27	14	9	15	16.2
Ig	46	149	**195**	3	133	3	62	49.6
Celje	87	341	**428**	32	360	15	85	90.9
Koper	127	205	**332**	78	229	57	124	133.7
N. Gorica	27	227	**254**	29	242	5	36	29.8
Ljubljana	263	955	**1218**	45	887	143	233	245
N. mesto	37	460	**497**	16	427	40	46	45.3
Ig OU	28	0	**28**	54	55	14	13	18.1
Maribor	159	669	**828**	84	642	129	141	178.8
M. Sobota	37	181	**218**	26	202	10	32	37.6
Rogoza OU	32	50	**82**	54	98	3	35	38.9
Radeče CF	25	13	**38**	3	11	5	25	26.1
Total	**1,339**	**3,426**	**4,765**	**554**	**3,446**	**569**	**1,304**	**1373.7**

Source: The Prison Administration of the Republic of Slovenia, Annual Report 2010

In terms of the category of prisoners, the highest number of them was convicted prisoners followed by persons sentenced to compliance detention and remand prisoners (Table 11.2). From the newly accepted persons, over 60% had already had experiences with drugs, over 40% had a prescribed substitution treatment and approximately 30% of all prisoners were users of illicit drugs.

Table 11.2: *The number of prisoners in terms of category, 2010*

Prisoners in terms of category	Number
Convicted prisoners	1,967
Persons sentenced to compliance detention	1,293
Remand prisoners	1,292
Persons in detention	173
Juvenile prisoners	2
Young people in a correctional facility	38
Total	**4,765**

Source: The Prison Administration of the Republic of Slovenia, Annual Report 2010

According to the type of criminal offence (according to the Penal Code), the majority of prisoners in 2010 were convicted prisoners and juvenile prisoners, who were incarcerated due to committing a criminal offence against property, followed by criminal offences against public health, against life and limb and offences against sexual integrity (Table 11.3). Criminal offences related to the use of illicit drugs predominantly include criminal offences against property, against life and limb and against public health.

Table 11.3: *Criminal offences of convicted prisoners and juvenile prisoners according to the type of criminal offence, 2010*

Criminal offence against	Convicted prisoners	Juvenile prisoners
Life and limb	213	4
Human rights and liberties	31	2
Sexual integrity	184	3
Public health	241	2
Marriage, family and youth	48	1
Employment and social security	2	0
Property	949	23
Economy	67	0
Legal transactions	14	0
Official duties and public authorisations	3	0
Administration of justice	2	0
Public order and peace	126	5
General safety of people and property	12	0
Safety of public traffic	73	0
Environment, space and natural resources	1	0
Humanity and international law	1	0
Total	**1,967**	**40**

Source: The Prison Administration of the Republic of Slovenia, Annual Report 2010

In 2010, 316 persons were issued secondary sanctions and security measures; of that compulsory drug abuse treatment was ordered for 30 persons (9.5%).

11.2 Organisation of prison health policies and service

In 2009, institutional clinics became part of public health services, which means that regional health centres became implementers of healthcare for prisoners. All required specialist and hospital treatments are also organised outside penal institutions. In this manner, the prisons ensure equal standard of care for prisoners as is typical in the society as well as a continual treatment before, during and after incarceration.

When the prisons became part of the public healthcare network, a share of medical teams per location was determined. Medical personnel usually comprises nurses (technicians), who are employed with the Prison Administration of the Republic of Slovenia, and doctors and nurses whose services are provided by regional health centres. Regardless of some of the healthcare professionals (nurses) being employed by the Prison Administration of the Republic of Slovenia, the responsibility for the implementation of healthcare lies with the regional health centres. The health centres ensure quality and safety of healthcare. The coordination of the work in the institutional clinic is under the responsibility of the doctor.

Healthcare services for prisoners with a drug problem include:

- the first examination with a doctor within 24 hours after being admitted to the penal institution,
- treatment by general practitioners and specialists,
- substitution treatment (maintenance, reduction, newly established treatment, treatment prior to discharge),
- urine drug screens,
- comprehensive treatment of the physical and mental state,
- HIV tests and tests for hepatitis viruses and vaccination against hepatitis B,
- treatment of infected prisoners with infectious disease specialists,
- raising the awareness of prisoners on preventing the spreading of infections through risky behaviour and providing disinfectants and latex gloves.

Regional health centres provide penal institutions with clinics for drug addicts that are however organised differently in different penal institutions or different regional health centres (Table 11.4). With smaller units, outpatient services for drug users are usually provided by the parent institution. In some institutions, the operation of clinics for drug addicts is still more or less limited to the implementation of substitute treatment, even though they should ensure a comprehensive treatment for drug addicts.

Table 11.4: *Operation of the clinic for drug addicts and the number of medical personnel*

Institution	Clinics for drug addicts	The number of doctors and psychiatrists within the framework of the public healthcare network	Medical technicians (nurses) employed by the Prison Administration
Dob Prison	The clinic for drug addicts is managed by a doctor from the Trebnje Health Centre via a contract. Psychotherapeutic treatment of addicts (psychotherapeutic measure), support and substitution treatment are provided.	2+1*	3
Ljubljana Prison	The clinic for drug addicts operates within the framework of the institutional clinic with the implementer being the Ljubljana Health Centre. The treatment provides distribution of methadone, treatments, psychiatric evaluations and cooperation with the Centre for Treatment of Drug Addiction	2+1*	2
Maribor Prison	The clinic for drug addicts is run by a specialist psychiatrist, who also covers the psychiatric clinic. Cooperation with institutional therapists and the Maribor Methadone Centre (substitution treatment) is established. Due to a smaller number of drug addicts in the Rogoza Open Unit, its drug addicts are being included in the treatment in the psychiatric clinic in the parent institution.	2+1*	2
Celje Prison and Juvenile Prison	The clinic for drug addicts operates within the framework of the Celje Health Centre. Psychiatric treatment of psychiatric patients and patients with a drug problem are carried out every two weeks. For patients, who suffer from drug addiction, treatment of patients without a special treatment, substitution treatment and other non-substitution treatments are carried out.	2+1*	2
Ig Prison	There is no clinic for drug addicts within the framework of the institutional clinic. The Ljubljana Health Centre provides psychiatric care to all prisoners twice a month.	2+1*	1
Koper Prison	The clinic for drug addicts, which operates within the framework of the Koper Health Centre, operates once a week at the institution.	2+1*	2
Novo mesto Unit	At the Novo mesto Unit, outpatient services for drug addicts are provided by a psychiatrist, who is also the manager of the Centre for Prevention and Treatment of Drug Addiction that operates within the framework of the Novo mesto Health Centre.	2+1*	1

* nurses, who work with the doctor and are additionally provided by regional health centres (and not the Prison Administration)
Number 2 in the second column means 1 doctor and 1 psychiatrist
Source: The Prison Administration of the Republic of Slovenia

11.3 Provision of drug related health services in prison

The legal basis for providing treatment to persons with a drug problem in penal institutions is determined by the following acts: the Enforcement of Criminal Sanctions Act (Official Gazette of the Republic of Slovenia, No. the Act Regulating the Prevention of the Use of Illicit Drugs and the Treatment of Drug Users (Official Gazette of the Republic of Slovenia, No. 98/99 and the Healthcare and Health Insurance Act (Official Gazette of the Republic of Slovenia, No. 9/92).

Incarcerated drug addicts are treated in accordance with a determined strategy (Instructions for drug addiction treatment of incarcerated drug users and Instructions on submitting urine samples and use of urine screening) that enables establishing and maintaining abstinence, changing one's lifestyle so that it does not include drugs and preparing for discharge.

The medical personnel provide the prisoners with help when suffering from drug withdrawal, substitution treatment, urine screening, counselling and education on the dangers of HIV infections and infections with hepatitis viruses and encourages them to get tested and vaccinated against hepatitis B and if so required also treated. Within the framework of available human resources, the professional staff at the institutions implement psychosocial programmes enabling prisoners to achieve higher goals in their treatment of addiction.

The Head Office of the Prison Administration of the Republic of Slovenia regularly monitors the situation in the field of drugs in penal institutions by collecting data for its annual report. Every three months, on a designated day, it checks the number of prisoners with a drug problem and the number of persons who are infected with HIV, hepatitis viruses and tuberculosis. It communicates with the institutions on a daily basis monitoring all exceptional cases related to this issue.

In 2010, slightly more than one quarter of all prisoners had a drug problem, with the trend of such persons showing doubled values from 2002 to 2005 but in the last five years no longer recording a statistically significant increase or decline (Table 11.5).

Table 11.5: *The number of prisoners with a drug problem on a designated day in the 2002 – 2010 period*

Year	2002	2003	2004	2005	2006	2007	2008	2009	2010
The number of prisoners with a drug problem	703	727	944	868	948	1,090	1,210	1,209	1,215
Share (%)	13.47%	15.38%	21.73%	28.03%	26.5%	25.3%	27.6%	25.6%	26.5%

Source: The Prison Administration of the Republic of Slovenia, Annual Report 2010

In 2010, 1,215 prisoners were recognised as having a drug problem. Compared to the previous year, their number increased by 6 people or by 0.9%. For 30 such persons, compulsory drug abuse treatment was ordered (29 male and one female sentenced person).

256 persons suffered from withdrawal syndrome and were treated in institutional clinics. Problems were predominantly alleviated with medication and also increased methadone doses.

Methadone treatment

Methadone treatment is implemented with the cooperation of specialist doctors from regional centres for the prevention and treatment of drug addiction. In collaboration and with the co-ordination of the centres for the treatment of drug addiction, Instructions for drug addiction treatment of incarcerated drug users were drawn up, which contain a standardised treatment doctrine with substitute medicine in institutions.

The patient consumes the substitute medicine under supervision. If methadone is the substitute medicine, it is given as a solution mixed with fruit juice. It is difficult for overdosing to happen in prisons, and if it does, it is due to underground trade in substitute medicine among the prisoners.

From the 1,215 prisoners, who were drug addicts or had a drug problem, 538 or 44.2% received methadone treatment (Table 11.6), predominantly maintenance treatment. Compared to 2009, the number of persons receiving methadone treatment dropped by 1.6%. From the 969 newly admitted persons with a drug problem, 418 or 43.1% already had a prescribed methadone treatment. Methadone treatment was received by 45 persons in compliance detention.

Table 11.6: *The number of prisoners receiving methadone treatment in the 2004 – 2010 period*

Year	2004	2005	2006	2007	2008	2009	2010
Number	380	382	532	586	542	547	538

Source: The Prison Administration of the Republic of Slovenia, Annual Report 2010

Screening

Immunochemical screening of urine samples was performed for persons, who joined the drug addiction treatment programme and confirmed this therapeutic agreement with programme implementers in writing. The tests were predominantly used to establish the presence of opiates, cannabis and benzodiazepines. Urine screening was also conducted for all prisoners receiving methadone treatment. In the event of a positive test, their treatment was gradually stopped. In 2010, 3,933 of urine tests were used.

In 2010, more prisoners decided for HIV testing and testing for hepatitis viruses than in 2009. The patients also sought help and counselling in AIDS clinics. According to the available data and test results for 2010, one person was infected with HIV. Hepatitis B was confirmed in 11 sentenced prisoners and hepatitis C in 60 prisoners (Table 11.7). In 2010, penal institutions continued with actions aimed at preventing infections with these illnesses.

Table 11.7: *Results of voluntary and confidential hepatitis and HIV tests in the 2002 – 2010 period*

Year	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number of HIV tests	140	134	179	305	242	297	235	202	197
Number of hepatitis tests	247	183	269	303	322	378	326	271	284
HIV positive	4	0	0	0	2	1	1	2	1
Positive for hepatitis A	0	3	3	2	1	2	0	0	0
Positive for hepatitis B	15	14	10	7	12	15	7	13	11
Positive for hepatitis C	28	63	90	85	87	97	75	47	60
Total	**47**	**80**	**103**	**94**	**102**	**115**	**83**	**62**	**72**

Source: The Prison Administration of the Republic of Slovenia, Annual Report 2010

There is no special strategy or policy for managing infections on institutional level, as the National strategy for preventing and controlling HIV infection for the 2010 to 2015 period is applied.

Help programmes

Persons with a drug problem can be included in low-threshold, medium-threshold and high-threshold programmes. In 2010, 619 persons with a drug problem were involved in such programmes (Table 11.8).

Table 11.8: *The number of prisoners included in treatment programmes by category, 2010*

Low-threshold programmes	Medium-threshold programmes	High-threshold programmes
353	186	80

Source: The Prison Administration of the Republic of Slovenia, Annual Report 2010

Prisoners, who are abstinent from drugs during their imprisonment and who wish to upgrade their treatment, are given the opportunity to participate in external health institutions and in programmes of non-governmental organisations. 95 prisoners decided on medical treatment of this kind in 2010, which is 28 more than in 2009. After they finished serving their sentences, 62 prisoners continued their treatment in external institutions, which is 13 more than in 2009.

External organisations adapt the implementation of their programmes to the prisoners. The basic methods of work are counselling and providing information, with both activities usually being closely connected. They depend on current requirements and predominantly deal with problems related to drug addiction – help in discovering this phenomenon, determining the complexity of the problem in terms of pharmacology, age, gender, social status or role, personal characteristics and family relations. They provide help in interpreting and assessing the problem, planning its solution and also provide practical help in solving the problem. The majority of provided information relates to addresses of help services and entry conditions,

facts, dangers and other data relating to drugs, harm reduction and preventive measures. In addition to providing information and counselling, the programme's services also include practical help (help in writing applications, submissions and complaints, monitoring and advocacy in different services and institutions, collecting concrete information required to solve a specific problem, making first contacts and agreements, etc.). An important part of the programme is also the possibility to accompany sentenced prisoners at their purpose-related leaves aimed at settling their affairs, solving current issues and preparing the foundations for a successful reintegration after serving their sentence. Consultations usually last from one hour to hour and a half and are organised differently in some institutions, from once to twice a week to once a month (in smaller institutions).

The cooperation of drug addicted prisoners with non-governmental organisations is organised differently – only in the institution or also outside of it. It depends on the success of the treatment obtained during incarceration, the prisoner's regime (closed, semi-open or open) and on formal reasons (open criminal proceedings, awaiting sentencing, etc.).

Table 11.9: *Non-governmental organisations that implement activities in individual institutions, 2010*

Institution	Cooperation with non-governmental organisations
Dob	Projekt Človek Association, Stigma
Slovenja vas	Projekt Človek Association, Stigma
Puščava OU	Projekt Človek Association, Stigma
Ig	Projekt Človek Association, Stigma, Zdrava pot Maribor Association, Up Association, Vir Institute, Ozara, Altra
Celje	Vir Institute, Projekt Človek Association
Koper	Projekt Človek Association, Križišče Association
Nova Gorica	Projekt Človek Association, Križišče Association
Ljubljana	Stigma
Novo mesto	Projekt Človek Association, Srečanje Association
Ig OU	Stigma
Maribor	Projekt Človek Association
Murska Sobota	Projekt Človek Association
Rogoza OU	Projekt Človek Association
Radeče CF	/

Source: The Prison Administration of the Republic of Slovenia

There are no programmes of provision of sterile injecting equipment implemented in penal institutions.

Reintegration

There are no special programmes for prevention of recidivism and for reintegration of prisoners into society in Slovenian penal institutions. The execution of a penal sanction is a process that enables each prisoner to be actively involved in work, education and activities of interest, to develop relations with their families and to overcome personal problems and eventual problems with addiction. Another important factor is the prisoner's attitude towards the committed criminal offence that is evident during imprisonment.

For each individual, this process is implemented in the shape of a personal treatment plan with special emphasis being placed on the weaknesses that "return" the prisoner to prison (e.g. problems with alcohol, drugs, etc.). The most difficult part of this process is motivating the prisoner to implement changes regarding the mentioned weaknesses.

Another aspect that diminishes the motivation of prisoners is the fact that housing and jobs are difficult to find in today's society, especially for those, who have never been employed full-time or who do not have an appropriate education or have an outdated education.

Implementation of personal plans and the return of individuals to the society cannot be achieved without the institution's professional bodies working with outside institutions. The cooperation with social services centres is defined in considerable detail and is also the most common type of cooperation, followed by humanitarian and labour organisations.

An important aspect of solving each individual's problems is on-site social work. The institution's professional staff visit social services centres, the prisoners' homes, employment services, work sites, employers and other institutions alone or together with prisoners.

A special characteristic of Slovenian post-penal treatment is counselling. Individual social services centres offer this type of help through their professional staff, while some appoint volunteers, usually students of social sciences.

12. DRUG USERS WITH CHILDREN

12.1 Size of the problem

Drug using women in labour

For the purposes of the 2008 National Reporting on the situation in the field of drugs in the Republic of Slovenia, the NIPH carried out a data analysis of the national Perinatal Information System of Slovenia on the number of drug using women in labour. The data analysis (Mihevc Ponikvar, 2008) has revealed that in the period from 2006-2007, out of 38,280 women who gave birth in Slovenia; there were 99 women in labour who had an illicit drug addiction diagnosis registered in their medical file. 25 women in labour used drugs during their last pregnancy. The Coastal-Karst region has the highest number of women in labour that used drugs during pregnancy. The average age of the latest was 29 years old. Women using drugs during pregnancy were more often single and had lower education level compared to the other women in labour who did not have drug related difficulties. Compared to the other women in labour, they had their first gynaecological exam five weeks later and were smoking more frequently during pregnancy. Amongst newborn children of drug using mothers, there were more premature births to babies with smaller birth weight than other babies. Regarding the methodology of the data collection it is estimated that the data taken from the national Perinatal Information System of Slovenia is incomplete and that the number of women in labour having illicit drug addiction related difficulties is higher (Mihevc Ponikvar, 2008).

The Bregant's research (2003) on the drug use in pregnant women in Slovenia, which included a retrograde analysis of 90,000 birth records from the period from 1997-2001, revealed 50 women in labour who used illicit drugs during pregnancy. In 32 drug using women in labour the newborns had abstinence crisis after birth, 23 children had the neonatal syndrome. The average age of illicit drug using mothers was 22.75 years old. The highest share of women in labour was single (62.5%) or lived in a common-law partnership. Their educational structure was low, namely the highest share of them had merely a vocational education (31.3%) or no education (21.9%). No less than three quarters of these pregnant women were smoking cigarettes. In the newborns of the drug users the number of prematurely born children was above the Slovenian average and the number of inta uterine growth retarded babies is up to four times higher. Their birth weight was lower even from the birth weight of smokers who have not been using illicit drugs. 40% of children born to drug using mothers were transferred to the intensive care units and also the share of the breastfed babies was under the Slovenian average.

The Dular's research (2007), carried out for the purposes of a diploma paper, included 53 drug using women in labour and their newborns that were born in Ljubljana maternity hospital in the period from 2001-2006. The author compared the drug users' data to the national Perinatal System data for 2005 on women in labour who are not drug users (4897 pregnant women who gave birth that year in the Central Slovenia Region). The results for the drug users show that three quarters of these mothers were subjected to a substitute methadone therapy, whilst one quarter reported the use of heroine. The average age of these mothers was 27.17 years old, meaning that they give birth at younger age than the women of the general population (29.9 years old). 36% were single, 45% were in a common-law partnership, and 19% of them were married, which signifies that they are more often single or living in a common-law relationship than women of the general population (62% married, 31% in a common-law partnership). The highest share (42%) had secondary education. They are followed by those having a lower education (26%), whilst one quarter of them did not indicate their level of education. These data indicate that drug users have a lower educational structure compared to the women of general population (40% with higher education). 64% of drug using mothers had the father of the baby present at birth, which indicates a lower degree of presence of the partners at birth compared to the women of the general population (81%). 72% were smoking during pregnancy, which indicates to a significantly higher share of smoking during pregnancy than in women of the general population (9%). The highest share (32%) came for the first gynaecological exam of pregnancy not earlier than between the 17th and the 41st week, which indicates that the drug users visit the gynaecologist later than the women of the general population (most commonly they come for the exam between the 9th and the 12th week). 72% drug using women in labour gave birth to their first child, 23% to their second child and 6% to their third child, whilst the women from the general population mostly gave birth to the second and the third child. 28% of them gave birth by the Caesarean section, which shows that the drug users have more difficulties during labour than the women from the general population (3% with the by the Caesarean section). A little more than 16% of the newborns of these mothers were intra uterine growth retarded babies, whilst in the general women population there were only 4% of them. 15 (29%) of the drug using mothers' newborns were handicapped, 32 (61%) of children were diagnosed with the neonatal abstinence syndrome, and 5 (10%) of newborns were irascible. 33 newborns were transferred to the intensive care unit after birth, 2 children died and 4 children were given up for fostering or adoption. 31% of drug using mothers were breastfeeding on a regular basis, which is much less than in the general women population where there are no less than 92% of women who breastfeed on a regular basis.

Drug using parents participating in the centres for prevention and treatment of illicit drug addiction

Mejak's research (2010) has shown that there are 166 illicit drug using mothers in total participating in the 18 centres for prevention and treatment of illicit drug addiction. The centres provide different kinds of aid for drug using mothers, namely substitute and methadone therapy, doctor, psychiatrist and psychologist treatment, aid in raising the child, referral to the gynaecologist, referral to the paediatrician, personal growth group, cooperation

with the Social Work Centre, detoxification, psychotherapy, gender group, work with relatives, children visits, apartments for the mother and the child during treatment. The forms of aid differ from one centre to another; some provide more forms of aid, others less. The research has moreover shown that 41 social aid centres (out of 62 in total), who were involved in the research, have registered 43 drug using mothers. The most common forms of aid provided by the Social Work Centres to those mothers comprise of different types of social financial aid, personal aid destined to the put in order her life, then domestic help for the family in the context of which the counsellors help the mother with different jobs, the centres also provide aid and counselling regarding the treatment and participation in different kinds of programmes (substitute, low-threshold, therapeutic groups) and verify the threats to the minor.

In the context of the coordination of the centres network for prevention and treatment of illicit drug addiction there was a research carried out in 2006 (Čuk Rupnik, 2009), by which they tried to determine the conditions in which live the children of these users. There were 12 to 18 Slovenian centres for prevention and treatment of illicit drug addiction participating in the research.

There were 150 drug using fathers in total in the 12 centres participating in the research. Their average age was 34.5 years old. 20 users were married (13.3%). 27 men (18%) had a partner participating in the centre treatment programme as well. 61 (40.6%) drug using fathers were receiving social relief in the time of the research. 47 drug using fathers (31.3%) had an open-ended employment contract, and 20 (13.3%) had a fixed-term contract. 37 (24.7%) were performing occasional jobs, two were schoolboys or students, and six men (4%) were retired. Drug using fathers had 185 children in total, out of which 97 pre-school children (52.4%), 58 school-age children (31.4%), and 30 of their children (16.2%) were above 15 years old. 104 children were living in two-parent families (56.2%), 63 of their children were living with their mothers (34%), five children with their fathers (2.7%), and four children were living with their grandparents (2.2%). Three of the children of these fathers (1.6%) were in fostering, and four of the children were living independently. In the time of the research, none of the children of the drug using fathers was living in the juvenile facility. One of the children was in prison.

In the 12 indicated centres, there were 78 mothers with the average age of 30.9 years old. Among those, only five were married (6.4%). No less than 42 mothers (53.8%) had their partner participating in the drug addiction treatment in the same or in another centre. 45 women were receiving social relief (57.7%). 17 (21.8%) had an open-ended employment contract. 9 women (11.5%) were performing occasional jobs. 6 (7.7%) of them were schoolgirls or students. One of the women was retired. The drug using mothers had 102 children in total, out of which 59 (57.8%) were pre-school children, 29 were school-age children (28.4%) and 14 children were above 15 years old (13.7%). At the time of the research, three women were pregnant. 69 children were living in a two-parent family (67.6%). Seven children were living only with their mothers (6.9%), five were living only with their father (4.8%) and also five were living with their grandparents. 11 of their children (10.7%) were in foster care. Two children were living independently. One child was living in a juvenile

facility and none of the children was in prison. For three children the data on the place of residence was not known in the research.

12.2 Policy and legal framework

Social care

There are no particular laws in Slovenia that would be addressed directly to the drug using parents. The difficulties and distress of the drug using parents are dealt with in the context of the social care system whose legal framework is set by the Social Security Act (Official Gazette of the Republic of Slovenia, No. 3/2007) and the basic reference lines for the treatment of social distress and difficulties of the drug users is represented by the national programme social care that is adopted by the state for a period of several years (see chapter eight).

Social care activity comprises of preventing and solving of the distress and difficulties of the individuals, families and population groups who are not able to provide financial security for themselves due to circumstances they cannot influence. The social care services beneficiaries are residents of the Republic of Slovenia with permanent residence in Slovenia and foreigners with a residence permit for Slovenia.

The professional activities destined to the treatment of social issues, including the social issues related to the illicit drug use are carried out in the context of the public services (62 Social Work Centres[10]) and in the context of private persons and non-governmental organizations performing social care programmes.

The services destined to the elimination of social distress and difficulties are as follows:

1. first social aid,
2. personal aid,
3. aid to the family,
4. institutional protection,
5. guidance, protection and employment under special conditions,
6. aid to the workers in enterprises, institutions and with other employers.

According to Mejak (2010), in the social work centres the mothers having drug use related difficulties and their children receive above all the following forms of aid:

- First social aid: comprises of aid in recognizing and determining social distress and difficulties, the estimation of possible solutions and acquaintance of the beneficiary with all possible forms of social assistance services and benefits he can exercise and obligations related to the forms of services and benefits, as well as the acquaintance of

[10] The legal basis for the exercise of the activities of the social work centres is defined by: Social Assistance Act (OG RS, No. 3/2007), The Parental Protection and Family Benefit Act (OG RS, No. 110/2006) , The Act Concerning Social Care of Mentally and Physically Handicapped Persons (OG SRS, No. 41/1983), The Marriage and Family Relations Act (OG RS, No. 69/2004), The Placement of Children with Special Needs Act (OG RS, No. 3/2007), The Act concerning the exercise of fostering (OG RS, No. 110/2002), The Enforcement of Criminal Sanctions Act (OG RS, No. 110/2006), The General Administrative Procedure Act (OG RS, No. 24/2006)

the beneficiary with the networks and programmes of the social assistance services and benefits providers.

- Domestic help for the family: comprises the home related aid, domestic help and social service. The domestic help for the family comprises of professional counselling and help in settling the family relations as well as care for the children and training of the family for exercising its roles in the everyday life.
- Personal aid: comprises of counselling, settling and guidance in order to enable an individual to develop, complement, preserve and improve social aptitudes.

Other important acts in the field of social care important to the illicit drugs users from the social benefit and expert treatment points of view are detailed in the chapter eight of the present report.

The competence of the social work centres also include the part of the family policy referring to the marriage, parents-children relationships, adoptions, fostering and guardianship as well as the field of parental protection and family income.[11] This way the Marriage and Family Relations Act (Official Gazette of the Republic of Slovenia, No. 69/2004) regulates the measures of the social work centres referring to the deprivation of parental right, seizure of the child and giving the child up for fostering. Therefore, a parent abusing his parental right, abandoning a child, making it clear by means of his conduct that he shall not provide for the child, or otherwise neglecting his duties, is taken away his parental right by a court decision. The social work centre is authorised to take the child away from the parents and give him up for upbringing or for guardianship to another person or institution, if the parents have neglected the child's upbringing and guardianship, or for other important reasons for the benefit of the child. By means of this seizure, other duties and rights of the parents for the child do not cease. But the social work centre is authorised to give to fostering a child who does not have his proper family, a child who for any kind of reason cannot live with its parents, or a child whose physical and mental development is threatened in the environment he is living in. After giving the child up for fostering, the social work centre has to strive for elimination of the reasons for which the child was given up for fostering. Otherwise, the fostering activity is systematically regulated by the Act concerning the exercise of fostering (Official Gazette of the Republic of Slovenia, No. 110/02). In all these three cases, the child can return to his parents or the parent can regain his parental right if the reasons for the adoption of the measure were eliminated.

In the case of the parents with drug related problems, the drug use itself is not enough reason for the social work centre to take measures, until it does not influence the child-rearing responsibility and the consequences are not visible on the child. Should the social service centre receive information about a drug user's child living in bad conditions, it is its obligation to verify the situation. If the announcement is proved to be grounded, they prepare an aid plan for the family. They provide aid, talks for the parents, and they monitor them in

[11] Besides the national laws, the basis for the work in this field is given by the international documents: The UN Convention on the Rights of the Child, The European Convention on the Exercise of Children's Rights, The UN Convention on the Recovery of Maintenance Abroad and The Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption

their homes. The school or kindergarten and the medical centre supply the reports on the child's condition. When they estimate that the family is doing better and that control is no longer necessary, they cease from it. If in spite of the social work centre's aid and engagement, the child-rearing remains bad, they can initiate procedures for taking of the child.

In the case when an individual is sentenced to a prison sentence, The Enforcement of Criminal Sanctions Act (Official Gazette of the Republic of Slovenia, No. 22/2000) stipulates that the convicted person who is at liberty is allowed, at his proper demand or with his consent at the demand of the members of immediate family, of the foster parent and guardian or on the proposal of the competent centre, the carrying out of the sentence is postponed if:

- the suspension is necessary for taking care of the protection and education of children. The decision on this subject is delivered by a competent centre in the region of which live the convicted person's children; (suspension of sentence for maximum 3 months)
- the convicted woman has a child how has not yet reached the age of one year, or if the convicted woman is pregnant and there are less than five months left until the delivery, or if she has a child younger than two years, and there are special medical, social or other reasons for her to take care of the child on her own. (suspension if sentence from 1 to 2 years)

The convicted persons who are pregnant or who gave birth while serving sentence are provided with appropriate medical care and conditions for the care of the child. The child can stay with his mother at her demand until he is one year old, then he is given up to the child's father or relatives, namely on the agreement of the mother If this is not possible or is not for the benefit of the child, the competent centres provides the necessary measures for the protection and education of the child in accordance with the provision of the law regulating the marriage and family relations.

Before a parent starts to serve prison sentence, the social work centre, in cooperation with the parent, prepares a child care plan for that time. The social work centre arranges with the parents and the potential guardians (e.g. grandparents) about who will assume the role of the caretaker. When serving a prison sentence, the parental responsibility passes to the guardians. During the serving of the sentence the children are allowed to keep contacts with the parents (visits, video-conferences).

After serving the sentence, the child is allowed to return to the parent, except when the parent was serving the sentence because of the conduct harmful to his child. In this case the return of the child to the parents is more difficult.

Other important acts in the field of social assistance, important to the illicit drugs users from the social benefit and expert treatment points of view are detailed in the chapter eight of the present report.

12.3 Responses

Besides the forms of aid offered to the parents because of illicit drug related difficulties by the centres for prevention and treatment of illicit drug addiction and the social work centres, there are other forms of aid available in Slovenia:

Sopotnica – a high threshold programme for parents with illicit drug related problems

In November 2010, the Projekt Človek Society began to perform a high threshold programme for addicted mothers or parents in Sopotnica, close to Škofja Loka. The programme is carried out in a separated facility, beside the Therapeutic community, and is destined to the mothers (parents) having drug addiction related problems (with drugs, alcohol, gambling, eating disorders ...), and to their children. This is the first programme in Slovenia that enables children to participate together with their mothers (parents) and lasts 24 hours a day. 3 families can live together at the same time in the Therapeutic community. The programme represents a fully integrated and continuous work with users, children, partners and other close key persons (and their families). Beside the social rehabilitation and treatment of addiction, the Programme emphasizes the parenting role and the cohabitation with the child.

The users help each-other mutually in everyday work and care for the child (self-help). Besides treating the addiction, the therapeutic work is oriented towards life education, child care, dealing with everyday problems and, at the same time, it provides help for the children who were deprived of a normal healthy life because of their parent's addiction.

They have an agreement concluded with the local kindergarten that enables to enrol the children for the day-care in the period of rehabilitation. This way, while children are in the kindergarten, the parents have time to perform their duties within the programme as well as outside the programme, and time for therapeutic treatment, and at the same time the children are provided with the socialization and education curriculum. In the afternoon, there is an expert (pedagogue) present in the programme, who monitoring the child-parents interaction and helping them with the education.

In the morning when children are in day-care, we perform therapeutic activities (individual discussions, therapeutic groups, seminaries, family and partner meetings), and besides them, there are also working, sports and cultural activities. In the afternoons, the users have time and responsibilities towards the children/family and devote themselves to the games, education, and child care. In the parallel, there are also other close key persons involved in the programme (parents, partners).

For the need to protect the children, a regular cooperation is provided with the competent social work centres, medical services, kindergartens, judicature, schools and employers.

Programme participation conditions:

- Application for the admission to the programme with the indication of difficulties and expectations,
- Expressed free will to be admitted or at least the acceptance of an exterior motivation for admission,

- Clearly recognized or diagnosed (by the medical doctor) difficulties and distress related to the drugs, alcohol, gambling, eating disorders,
- The user entering the programme has an addiction issue and is a parent to one or more children who are entering the programme with her/him,
- Achieved initial abstinence.

Up until now, the programme included: 5 mothers, 5 children (from 1.5 to 5 years old) and 5 close key persons. Two female users (their children and close key persons) interrupted the programme due to lack of motivation. At present, there are 3 mothers, 3 children and 2 close key persons involved in the programme.

In the programme, also the users involved in a classic Therapeutic community have the possibility to spend weekend with their families. At the moment there are 3 fathers (classic Therapeutic community participants) with children (from 1.5 to 14 years old) and one female partner participating.

Due to the fact that the programme has been carried out for only a few months, it is not yet possible to measure its success. But the users who are actually participating in the programme follow well enough the therapeutic goals set forth.

They maintain the abstinence with success, they improve their parenting role in child care and education, they lower or/and eliminate social, mental and relations distress due to the addiction, they learn how to change their lifestyle, they strengthen their social network, learn how to deal with finances with consideration, they progressively integrate into the society (one user is continuing with her education), they learn how to change their habits of life and they are gaining new social skills.

Zavod Tamala [Tamala Institute]

The Tamala Institute offers education, counselling and social aid to the young families and enables them to pass more easily to the parenthood. Their main activities comprise of: The parenting school, exercises, Substitute midwife, and Support centre for grandmothers with children. All these activities are opened also for pregnant women and mothers having illicit drug addiction related problems. The experts and volunteers visit the mothers at their homes and help them take care of the child (Mejak, 2010).

Društvo Mama Zofa [Mama Zofa Society]

The Society helps women trying to get pregnant, women in labour and women after childbirth, women who have lost their child, women in the post-delivery distress, and their relatives.

The main activities of the Society are informing and increasing the possibility for deciding and creating of different choices and situations in which the best possible care and treatment would be provided for the time of pregnancy, delivery and after birth, with due consideration given to the diversity, which signifies that they help the mothers in distress due to the addiction or having mental health related difficulties (Mejak, 2010).

PART C:

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